

HIMACHAL PRADESH UNIVERSITY, SHIMLA-171005
COUNSELLING-CUM-ADMISSION FORM FOR POST-BASIC B.Sc. NURSING DEGREE COURSE
(Two Years) FOR THE SESSION-2016-17
(To be submitted by the Candidate at the time of counselling/Admission)

Particulars of Entrance Test

- (i) Roll No.....
- (ii) Marks Obtained in the Entrance Test.....
- (iii) Combined Merit Rank.....
- (iv) Reserved Category Rank.....
- (v) Group/Quota.....

Affix here
latest original
passport size
self-attested
Photograph

Orders of the Counselling Committee

Discrepancy(ies) if any :

- (i) Eligible / Ineligible.....
- (ii) Group/Quota for which eligible.....
- (iii) Category for which eligible.....
- (iv) Name of College allotted:.....

Signature of Counselling Committee Members

1. 2. 3. 4. 5.
 6. 7. 8. 9. 10.

To be filled-in by the candidate in her own handwriting (Tick-mark (s) not permissible)

1. **Name of the Candidate** (in block letters) (as per matriculation Certificate).....
2. **Father's Name** (in block letters)
3. **Mother's name:**.....
4. **Group/Quota applied for (In-service/Direct):**.....
5. **Category applied for (General/SC/ST/OBC/PH) :**
6. **Whether the candidate is physically handicapped(Yes / No.)**..... (if yes % age of disability)
 - (i) 40% to 50%.....
 - (ii) 50% to 70%
7. (i) **Date of Birth** (as per matric certificate).....
 - (ii) Age as on 31.12.2016..... Year..... Months..... Days.....
8. **Educational Qualifications :**
 - (i) **Details of +2 examination :** Name of Board.....
 - Year of passing..... Roll No..... Marks obtained.....
 - Maximum marks Percentage of marks.....
 - (ii) **Details of GNM Course passed from the Institution recognized by INC/H.P. State Nurses Registration Council :**
 - a) Name of GNM School/Institution.....
 - b) Year of passing..... Roll No. Marks obtained.....
 - Maximum marks..... Percentage of marks.....
 - Date of joining the course..... Date of completion the course.....
9. **Are you registered with the H.P. Nurses Registration Council as Nurse/Midwife, if yes please mentioned the registration number**

10. Complete details of Service in the Govt. of H.P.

- (i) Date of appointment (Adhoc/Contract/RKS)w.e.f.to
Total period of service.Years.....Months.....Days
(ii) Date of regular appointmentw.e.f.to
Total period of regular service :Years.....Months.....Days

- 11. (i) Are you Bonafide Himachali/Domicile (Yes/No).....**
(ii) Are you a child of Himachal Govt. employee/employees of Autonomous Bodies wholly or partially financed by H.P. Govt. (Yes/No)

12. Present Postal Address
.....
.....
.....Pin code..... Mobile No.

13. Permanent Address
.....
.....
.....Pin code.....Tel. No. with STD Code.....

Documents to be attached (only tagged) with this form

- (i) Matriculation or its equivalent examination certificate.
(ii) Certificate of having passed the qualifying examination i.e. 10+2 or its equivalent examination along with details of marks in each subject.
(iii) General Nursing and Midwifery Diploma.
(iv) Registration Certificate from H.P. Nurses registration council.
(v) H.P. Bonafide Certificate/Himachal Govt. Employee' Certificate issued by the competent authority as per provision of prospectus (**Appendix -1 & Appendix-5 as applicable**).
(vi) Certificates of reserved category issued by the competent authority (**Appendix-2 to 4 as applicable**).
(vii) Service certificate as per **Appendix-6** for in-service candidates.
(viii) Affidavit in original as per **Appendix-7**.

Note: (i) Please attach the attested copies of each certificate in support of claim made here in above & in OMR application-form No.1. All original certificates will be checked at the time of counseling.
(ii) Incomplete form will lead to rejection.
(iii) Final eligibility of the candidate will be determined by the counseling committee.
(iv) The candidate found ineligible at any stage shall have no claim for admission or continuation of Post-Basic B.Sc. Nursing Degree Course even if she admitted in the course.

14. Declaration by the applicant :

I hereby solemnly and sincerely affirm that the particulars furnished by me in the application form alongwith documents are true and correct to the best of my knowledge. I further undertake that the claim for admission has been submitted by me on the basis of my performance in Post-Basic B.Sc. Nursing Entrance Test-2015 and if any of the particulars/documents are found to be false, my admission is liable to be cancelled from the college and I also understand that I am liable criminal for prosecution. I agree to abide by the rules & regulations as mentioned in the prospectus.

Place _____
Dated: _____

Signature of the Attesting authority
with Seal

Signature of the Candidate

Authority letter in case the candidate is unable to attend the counselling in person

I hereby authorize Sh./Mrs /Miss _____
daughter/wife of Sh. _____ to attend the
counselling for Post-Basic B.Sc. Nursing Degree Course to be held on
_____ on my behalf, whose photograph is affixed in the
box and signature is attested below.

Paste here
recent
Photograph of
the authorized
representative
duly self-
attested

(Signature of the candidate)

(Signature of authorized representative)