

HIMACHAL PRADESH UNIVERSITY, SHIMLA-171005
COUNSELLING-CUM-ADMISSION FORM FOR POST-BASIC B.Sc. NURSING DEGREE COURSE
(Two Years) FOR THE SESSION-2018-19
(To be submitted by the Candidate at the time of counselling/Admission)

Particulars of Entrance Test-2018

- (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..... 11..... 12.....

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 31.12.2018..... Year..... Months..... Days.....
8. **Name of the Colleges in order of preference where you want to seek admission 1)**.....
 2)..... 3)..... 4)..... 5).....
 - a) Are you interested for seeking admission only in Govt. Nursing College (Yes/No):.....
 - b) Are you interested for seeking admission under State Quota seat in Private Nursing Colleges (Yes/No):.....
 - c) Are you interested for seeking admission under Management Quota Seat in Private Nursing Colleges: (Yes/No):.....
9. **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.....

10. (i) Are you registered with the H.P. Nurses Registration Council as Nurse/Midwife, if yes please mentioned the Registration Numberdate.....
(ii) If you belongs to other state, please mentioned the Registration Number of the concerned State Nursing Registration Council Number.....date.....

11. Complete details of Service in the Govt. of H.P. (For In-service candidates only)

- (i) Date of appointment (Adhoc/Contract/RKS) datew.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

12. (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)

13. Present Postal Address
.....
.....Pin code..... Mobile No. of candidate.

14. Permanent Address
.....
.....Pin code..... Mobile No. of Parent.....

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 or other State Registration Council, as the case, may be.
(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 only.
(viii) Affidavit in original as per Appendix-7.

- Note: (i) Please attach the self-attested photocopies of each certificate in support of claim made here in above on the basis of online application-form. 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) Candidates 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.

15. Declaration by the applicant :

I hereby solemnly and sincerely affirm that the particulars furnished by me in this application form along with documents are true and correct to the best of my knowledge and belief. I further undertake that the claim for above admission has been submitted by me on the basis of my performance in Post-Basic B.Sc. Nursing Entrance Test-2018 and if any of the particulars/documents are found to be false, my admission is liable to be cancelled from the college at any stage for which I understand that I am liable for criminal prosecution. I agree to abide by the rules & regulations as mentioned in the prospectus.

Place _____
Dated: _____

Signature of the Candidate

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

I hereby authorized Mr./ Mrs. /Miss _____ S/O or D/O or W/O of Sh.._____ to attend the counseling for admission to Post-Basic B.Sc. Nursing Degree Course to be held on _____ on my behalf, whose photograph is affixed in the box and signature is appended below.

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

(Signature of the candidate)

(Signature of authorized representative)