

SHIMLA NURSING COLLEGE

AN UNIT OF RCS ASSOCIATES CHARITABLE TRUST (Regd.)

(VILL- SHURALA/CHAMYANA; PO- KAMLANAGAR; TEHSIL & DISTT.- SHIMLA – 171006-HP)

Contact: 0177-2674667; 9459595566; website: www.shimlanursingcollege.com email contact@shimlanursingcollege.com

COUNSELLING CUM ADMISSION FORM FOR <u>B.Sc. NURSING DEGREE COURSE</u> (FOUR YEARS) FOR THE ACADEMIC SESSION -202...-2... (BATCH- 202... TO 202...)

(To be submitted by the Candidate at the time of Counseling/Admission)

FOR USE OF COUNSELING COMMITTEE

Affix here latest

| Dis | crepancy(ies) if any: | (ii)Group/Quota for which | n eligibleh eligibleh | Original passport size self-attested photograph | | |
|-----|---|--------------------------------|--|--|--|--|
| | (Signatures of the Me | 1/1 | ommittee with confirmation of eligi | bility & seat allotted | | |
| 1. | | 2 | 3 | .4 | | |
| | To be filled | d-in by the candidate in her | own handwriting (Tick marks(s) no | t permissible | | |
| 1. | Name of the Candidat | te (IN CAPITAL LETTERS) | | | | |
| 2. | Father's Name (IN CA | PITAL LETTERS | | | | |
| 3. | Mother's Name(IN CAPITAL LETTERS) | | | | | |
| 4. | l. Guardian Name (if applicable) | | | | | |
| 5. | Date of Birth (as per r | matric certificate) | Age as on 31.12. 202 Years | MonthsDays | | |
| 6. | . Category/Sub-Category in which appeared/Alloted Cat/Alloted Cat | | | | | |
| 7. | 7. Married/Un-married Adhar No Adhar No | | | | | |
| 8. | 3. Are you Bonafide Himachali/Domicile (Yes/No) | | | | | |
| 9. | 9. Are you Child of H.P. Govt. Employees/Employees of Autonomous Bodies wholly or partially financed by | | | | | |
| | H.P. Govt. as per prov | vision 3.1 of the Prospectus | s (Yes/No) | | | |
| 10 | . Occupation of your fa | ther ((i) Govt. Service (ii) P | rivate Service (iii) Non-applicable) | | | |
| 11 | 1. B.Sc Nursing Entrance Test- 202 Roll No | | | | | |
| | Overall Combined Me | erit Rank | /Sub Category Rank | | | |
| | AMRU Exam./Registra | ation No | | | | |
| | Are you interested for admission under: (subject to eligibility criteria of the prospectus):- | | | | | |
| 12 | Are you interested for | r admission under: (subjec | t to eligibility criteria of the prospe | ctus):- | | |
| 12 | • | | et to eligibility criteria of the prospectors (Yes/ No): | • | | |

13. Details of marks in the qualifying examination (10+2- Medical):-

| Name of Board: | | Roll NoYear of PassingRoll No | | | |
|----------------|-----------|-------------------------------|----------------|------------|---------------|
| | Subject | Maximum Marks | Marks Obtained | Percentage | PCB Total & % |
| | Physics | | | | |
| | Chemistry | | | | |
| | Biology | | | | |
| | English | | | | /300 |
| | Other | | | | |
| | Total | | | | |

| 14. Correspondence Address: | | | | | |
|-----------------------------|----------------|--|--|--|--|
| | Pin Code | | | | |
| | No. of Parents | | | | |
| | | | | | |
| | Pin Code | | | | |
| | | | | | |

16. Declaration by the Applicant and Parent/Guardian Concerned:-

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 10+2 / B.Sc. Nursing Entrance Test-202.. 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 digital copy of prospectus as uploaded on the College/University website www.amruhp.ac.in & www.shimlanursingcollege.com

| 1000 | RCS | |
|-------|--------------------------------|------------------------------|
| Place | | |
| Date | (Signature of Parent/Guardian) | (Signature of the Candidate) |
| | | V SINC |

17. Self-Attested Copies of certificates/documents to be attached with this form:

- ii. Matriculation or its equivalent examination certificate.
- iii. Certificate of having passed the qualifying examination i.e. 10+2 or its equivalent examination with details of marks in each subject. Equivalence certificate issued by the H.P. Board of School Education, Dharamshala in respect of the candidates who have passed their 10+2 examination other than H.P. Board of School Education, Dharamshala/CBSE/ICSE.
- iv. H.P. Bonafide/Domicile Certificate issued by the competent authority as per provision of prospectus.
- v. Resident Certificate for other state
- vi. Certificates of reserved category/Sub Category if any issued by the competent authority
- vii. A Certificate of good conduct/character from the Principal of the School/Institutions last attended followed by a separate latest character certificate from the Tehsildar/Sub-Divsional Magistrate of the Area concerned
- viii. Anti-Ragging Affidavit on plain paper in original as per enclosed format.
- ix. Gap/ Married Affidavit if any
- x. Adhar Card Copy along with 5- coloured Photographs passport size **NOTE**:-
 - All original certificates are required for verification at the time of counselling.
 - The final eligibility of the candidates will be determined by the counselling committee at the time of counseling or principal of the colleges
 - This Admission Form with documents/certificates will not be returned in any case.
 - The Candidate found ineligible at any stage shall have no claim for admission or continuation of B.Sc. Nursing Degree Course even if she admitted in the course. Incomplete form will lead to rejection