

Shimla Nursing College-Shurala- Shimla-HP

(VILL- SHURALA; PO- KAMLNAGAR; TEHSIL & DISTT.- SHIMLA – 171006-HP)
COUNSELLING CUM ADMISSION FORM FOR POST-BASIC B.SC NURSING DEGREE COURSE
(TWO YEARS) FOR THE SESSION – 202..-202..

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

FOR USE OF COUNSELING COMMITTEE

- a) Discrepancy (ies) if any _____
- b) Eligible/ Ineligible _____ (if ineligible (Remarks) _____)
- c) Category for which eligible _____ Quota for which eligible _____
- d) Seat allotted under Category _____
- e) College Allotted _____

*Affix here latest
Original
passport size
self-attested
photograph*

(Signature's of the Member's of the Counseling Committee with confirmation of eligibility & seat allotted)

- 1) _____ 2) _____ 3) _____
- 4) _____ 5) _____ 6) _____

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

- Name of the Candidate: _____
- Father's Name: _____ Mother Name _____
Address: _____
- Category (General/SC/ST/OBC/PwD) _____ Group (In- service/ Direct) : _____
- Date of Birth _____ Age as on 31st Dec, 202...: _____ Years _____ Months _____ Days
- Mobile No. of the candidate _____ Parent's Mobile No. _____
- Are you Bonafide Himachali/Domicile (YES/NO) _____ Adhar No.: _____
- Are you Child of Himachal Govt. employee/employees of autonomous bodies wholly or partially financed by H.P. Govt.(YES/NO) _____
- Particulars of Entrance Test- 202....:-
a) Roll No. _____ Marks Obtained in Entrance Test _____
b) Combined Merit Rank: _____ Reserved Category Rank: _____
- Are you interested for admission under: (subject to eligibility criteria of the prospectus):-
i) Government Nursing College only (Yes/ No): _____
ii) State Quota Seats in Private Nursing Colleges(Yes/ No): _____
iii) Management Quota Seats in Private Nursing Colleges(Yes/ No): _____
- Name of the Colleges for admission in order of preference where you want to seek admission:
1) _____ 2) _____ 3) _____

11. Educational Qualifications:-

➤ Details of 10+2 Examinations:-

- Roll No. _____ Marks Obtained _____ Max. Marks _____ Percentage of Marks _____
- Name of the Board _____ Stream _____ Year of Passing _____

➤ **Details of GNM Course passed from the Institution recognized by INC/ H.P. State Nurses**

Registration Council:-

- i) Name of GNM School/ Institution/council _____
- ii) Roll No. _____ Marks Obtained _____ Max. Marks _____ Percentage of Marks _____
- iii) Year of Passing _____ Date of Joining the course _____
- iv) Date of Completion the course _____

12. Are You Registered with the H.P. Nurses Registration Council as Nursing/ Midwife, if **yes** please mentioned the Registration Number: _____ Date of Registration _____

13. If you belongs to other state, please mentioned the Registration Number of the concerned State Nursing Registration Council Number _____ date _____

14. Complete Details of Service in the govt. of H.P. (**for in-service candidates only**):

i) Date of appointment (Adhoc/Contract/RKS) _____ w.e.f _____ to _____

Total Period of Service _____ Years _____ Months _____ Days

iii) Date of Regular appointment _____ w.e.f _____ to _____

Total period of Regular Service _____ Years _____ Months _____ Days

15. Counseling Fee Details: IPO/DD No. _____ date _____ Amount _____

16. Declaration by the applicant:

I hereby solemnly and sincerely affirm that the particulars furnished by me in this application form alongwith 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-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 prospectus.

(Signature of Parents/ Representative)

(Signature of Candidate)

Documents to be attached with this form:-

- Print out of the Post-basic application form.
- H.P. Bonafide/Domicile Certificate issued by the competent authority as per provision of Prospectus (Appendix -1 as applicable).
- Certificates of claiming Reservation under particular reserved category issued by the competent authority (Appendix-2 to 4 as applicable).
- Certificate of being children of H.P. Govt. Employees and Employees of Autonomous Bodies wholly or partially financed by the Himachal Pradesh Government as per provision of Prospectus issued by the competent authority (Appendix-5 as applicable).
- Service certificate-cum-NOC as per Appendix-6 for in-service candidates only.
- Matriculation or its equivalent examination certificate.
- Certificate of having passed the qualifying examination i.e. 10+2 or its equivalent examination along with details of marks in each subject.
- General Nursing and Midwifery Diploma.
- Registration Certificate from H.P. State Nurses Registration Council, Shimla.
- Selected Candidates shall have to pay Rs. 10,000 only as advance fee at the time of counseling which will be adjusted later on in the annual fee by the college concerned.

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)