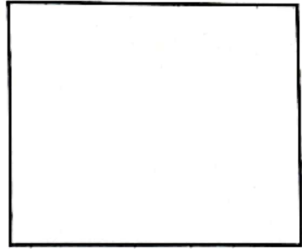


GOVERNMENT B.Sc. NURSING COLLEGE, SRINAGAR
FORMAT OF APPLICATION FOR ADMISSION TO M.Sc. NURSING PROGRAMMES
SESSION: 2026- 27 (BATCH 2026)

1. Name: _____
2. S/o, D/o: _____
3. Permanent Address: _____
 _____ Village/ Mohalla _____
4. Tehsil _____ Distt: _____
5. Pin: _____ Gender _____ M- Status _____
6. Address for Correspondence: _____
7. Email Address: _____ Mobile/ Phone No. _____
8. Category: _____ Category selected in BOPEE List _____
9. D.O.B _____ Blood Group _____
10. Institution last attended: _____
11. Date of Joining M.Sc. Nursing Course: _____
12. J&K BOPEE Notification No.: _____ Dated: _____
13. S. No. in BOPEE Notification _____ RANK _____
14. Specialization for M.Sc. Nursing Programme _____
15. Documents enclosed in original with 04 self- attested Xerox copies.



- a) Domicile Certificate
- b) DOB certificate
- c) Category certificate (wherever applicable)
- d) Final Year B.Sc. Nursing/ Post Basic B.Sc. Nursing/B.Sc. Hons. Nursing Marks Card
- e) Discharge/Transfer certificate from Institution last attended.
- f) One Year Work Experience after B.Sc. Nursing/ Post Basic B.Sc. Nursing.
- g) Physical fitness certificate From CMO/BMO
- h) Certificate as a registered Nurse or Registered Midwifery or equivalent with any state Nursing Council.
- i) Photostat copy of Aadhar Card.
- j) Time Gap Affidavit (Applicable for those candidates who have a time gap of one year or more between passing B.Sc. Nursing/ Post Basic B.Sc. Nursing final year examination & joining M.Sc. Nursing)
- k) Anti Ragging Affidavit from student and parent prescribed by College (Applicable for all student)
- l) One file cover and one transparent bag for original documents.
- m) 04 Passport size latest photographs with NAME displayed on each.
- n) 04 Xerox copies of all above documents figuring at a, b, c, d, e, f duly self- attested.

16. Educational Qualification in detail:

Year of passing	Max. Marks	Marks Obtained	% age	Grade	Registration No.	Name of the College/ University
B.Sc. Nursing/ Post Basic B.Sc. Nursing						

Signature of Applicant

DECLARATION BY THE APPLICANT

I _____ S/o, D/o: _____ undertake
that:

1. The information given by me is true and correct to the best of my knowledge and belief.
2. The documents submitted by me are genuine. In case any of the document submitted by me is proved to be fake, tempered or forged, I shall be held personally responsible for that and the authorities shall be at liberty to cancel my admission.
3. I also undertake to deposit the college fee from time to time as and when asked for.

Signature of Applicant

AFFIDAVIT FORMAT

(TIME GAP)

M.Sc. NURSING PROGRAMME

(To Be Attested By 1st Class Magistrate)

I, _____ S/O, D/O _____
R/O _____, do hereby solemnly affirm and declare as under:

1. That, I have been selected for _____ course in Govt. B.Sc. Nursing College , Srinagar by J&K BOPEE vide Notification No. _____ Dated: _____ under rank _____.
2. That, I have passed my B.Sc. Nursing/ Post Basic B.Sc. Nursing Final Year examination in the year _____ under Roll No. _____ from (Institute) _____.
3. That, after passing my B.Sc. Nursing/ Post Basic B.Sc. Nursing Final examination , I have not joined any Professional/Non Professional Degree or Diploma Course in any Institution/College/University in or outside the UT of J&K .
4. That, in case this statement proved incorrect I shall be personally responsible for the consequences arising there upon.

Deponent

VERIFICATION:

Verified on this day _____ at _____ that the contents of the affidavit are true and correct to the best of my knowledge, belief and nothing has been concealed and no part of it is false.

Deponent



AFFIDAVIT FOR M.Sc. NURSING
(To be attested by Judicial Magistrate)

I _____ S/o, D/o _____ R/o _____ do
herby solemnly affirm and declare as under:

1. That I have been selected for the Course of M.Sc. Nursing Session 2026-27 in Govt. B.Sc. Nursing College, Srinagar vide JKBOPEE notification No. _____ Dated _____.
2. That I am not on rolls in any Govt./ Semi Govt. Institution in or outside the UT of J& K.
3. That all the submitted documents/ Certificates are genuine.
4. That I shall strictly adhere to the rules and regulations of the College.
5. The documents submitted by me are genuine. In case any of the document submitted by me is proved to be fake, tempered or forged, I shall be held personally responsible for that and the College authorities shall be at liberty to cancel my admission.
6. That I understand that incase of any misinformation or concealment of my information or indiscipline or the certificates/ document submitted by me are not genuine or incomplete in any respect in view of statues of INC, my admission to the course shall be cancelled and I shall be subjected to legal action
7. That I submit this affidavit under free will without any pressure compulsion.

Deponent

VERIFICATION: Verified on _____ at District Court _____ that the content of the affidavit are true and correct to the best of my knowledge, belief and nothing material has been concealed and no part of it is false.

Deponent



Affidavit format
Prescribed by College Anti- Ragging
(To be attested by Judicial Magistrate)
M.Sc. NURSING PROGRAMME

1. I _____ S/o, D/o _____ R/o _____ M.Sc.
_____ student enrolled in Govt. B.Sc. Nursing College, Srinagar
carefully read and fully understood the law prohibiting ragging and the directions
of the Supreme Court and the Central/ State Government in this regard.
2. I have received a copy of the INC Regulations on Curbing the Menace of Ragging
in Higher Educational Institutions 2009, and have carefully gone through it.
3. I hereby undertake that:-
 - a. I will not indulge in any behavior or act that may come under the definition of
Ragging.
 - b. I will not participate in or abet or propagate Ragging in any form.
 - c. I will not hurt anyone physically or psychological or cause any other harm.
4. I hereby agree that if found guilty of any aspect of ragging, I may be punished as
per the Provisions of the INC Regulations mentioned above and/ or as per the law
on the land.

Signature of Student

Signature of Parent

Date:

Place:

