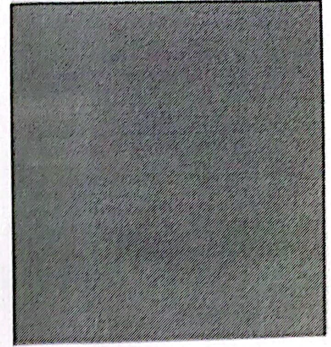


GOVERNMENT B.Sc. NURSING COLLEGE, SRINAGAR
FORMAT OF APPLICATION FOR ADMISSION TO POST BASIC NURSING COURSE

SESSION: 2024- 25 (BATCH 2024)



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 _____
10. Institution last attended: _____
11. Date of Joining Post Basic B.Sc. Nursing course: _____
12. J&K BOPEE Notification No.: 088- BOPEE of 2024 Dated: 29-08-2024
13. S. No. in BOPEE Notification _____ RANK _____ Course _____
14. Whether Registered with University of Kashmir: Yes / No (If, Yes)
- University of Kashmir Registration No. _____

15. Documents enclosed in original with 04 self- attested Xerox copies.

- a) 10th pass marks certificate
- b) 12th pass marks certificate
- c) DOB certificate
- d) Category certificate (wherever applicable)
- e) GNM Marks Card of all Semesters/Years.
- f) Discharge/ Transfer certificate from Institution last attended.
- g) Domicile Certificate
- h) Physical fitness certificate From CMO/BMO.
- i) Photostat copy of Aadhar Card.
- j) Anti Ragging Affidavit from student and parent prescribed by college (Applicable for all students)
- k) Time Gap Affidavit (Applicable for those candidates who have a time gap of one year or more between passing GNM & joining Post Basic Nursing Course.
- l) One file cover and one transparent bag for original documents.
- m) 05 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, g, duly self- attested.

16. Educational Qualification in detail:

Year of passing	Max. Marks	Marks Obtained	% age	Grade	Name Of The Institution	Name of the Board
GNM (Final year)						

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 as detailed at Para- 15 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 FOR POST BASIC B.Sc. NURSING PROGRAMME
(To be attested by Judicial Magistrate)

I _____ S/o, D/o _____ R/o _____ do hereby declare/
undertaking that;

1. That I have been selected for the course of Post Basic B.Sc. Nursing Session 2024-25 in the Govt. B.Sc. Nursing College Dewan Bagh, Srinagar vide J&K BOPEE notification No. _____ dated _____.
2. That during the period of stay in the College as Post Basic B.Sc. Nursing student I shall abide by the rules and regulations prescribed by the University of Kashmir, J&K BOPEE Govt. of UT of Jammu and Kashmir issued from time to time in this behalf.
3. That I shall remain much disciplined.
4. That presently, I am not on rolls in any institution for any Course after passing GNM final year examination, incase it comes light later on , I shall forfeit my claim to Post Basic B.Sc. Nursing course without any notice.
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 if at any stage it is detected by the competent authority or Principal of the College concerned that I have secured admission to Post Basic B.Sc. Nursing Courses by fraud, concealment of facts, or misstatement, my admission to the degree course shall be treated terminated/ cancelled and I may also be debarred from seeking admission to the degree course in future and shall also be liable for criminal proceedings.
7. That I also undertake to pay the fee which is fixed for the course from time to time by the competent authority.

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)

1. I _____ S/o , D/o _____ R/o _____
Post Basic B.Sc. Nursing 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:

AFFIDAVIT FORMAT

(TIME GAP)

(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 GNM final year examination in the year _____ under Roll No. _____ from (Board) _____.
3. That, after passing my GNM final year 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