Note: Please read the instructions carefully before filling up this form.

B.Sc. Nursing

FOR OFFICE USE ONLY

A. Ineligible due to__________________________

1. Late fee amounting to Rs. ________________ required.
2. Registration Number required
3. SC, ST, Handicapped, Lower Class Examination certificate required.

B. Diary No. ___________________ Dated ________________.

APPEARING EXAM AND CENTRE DETAILS

1. Name of Examination (Class) B.Sc. Nursing __________ ________________________(Year)
2. Examination Month____________________ Examination Year ______________________
3. Examination Centre Name/College Name _________________________________________
   ____________________________________________________________________________

PERSONAL INFORMATION

1. Candidate’s Name (as per Matric Certificate): ________________________________

2. Candidate’s Name in Hindi ____________________________________________

3. Father’s Name (as per Matric Certificate)_______________________________

4. Father’s Name in Hindi ________________________________________________

5. Mother’s Name (as per Matric Certificate): ________________________________

6. Mother’s Name in Hindi ________________________________________________

7. Registration No. ___________________________ 8. Date of Birth: ____________________


PARTICULARS OF LOWER/LAST EXAMINATION

11. B.Sc. Nursing (Pass Course) Roll No._______ ________Month________  Year ______________
    University _________ Exam Centre___________ Exam Session __________(Attach Attested
    Photocopy of Marksheet)
12. If appearing simultaneously in the Compartment subject in the B.Sc Nursing (pass course or any other examination equivalent thereto mention Class____________________ Subjects___________________________ Roll No. ____________ Month _______________ Year_____________________.

APPEARING CAPACITY DETAILS (THEORY)

13. Subject in which to appear in the ensuing examination of B. Sc. Nursing (Pass Course) to be held in ______________________

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14. Medium of Examination (English/ Hindi): ___________________________________________

15. Whether Blind or Permanently disabled from writing or crippled? (Attach Certificate)_______

16. Date of Issue of Demand Draft/IPO (DD/MM/YY)_____________________________________

17. DD/IPO No. ___________________ 18. Name of Issuing Bank/Post Office__________________

CONTACT DETAILS

19. Present Address: ________________________________________________________________

               ___________________________________________________________ Mobile No. ____________

20. Correspondence Address: _________________________________________________________

               ___________________________________________________________ Mobile No. ____________

I solemnly declare that the above particulars filled in by me are correct and that in case of any discrepancy found therein, I shall be responsible for the consequences. I also certify that I have not been debarred to appear in the examination or any case of Unfair means is pending against me. I will not have any claim in case my examination form is rejected due to incomplete information including examination fee.

Date:       (Signature of Candidate)

CERTIFICATE

For Regular Students:
The candidate has attended not less than 75% lectures and obtained 20% marks in each subject in House Examination. The candidate fulfills the minimum eligibility criteria for appearing in the B.Sc Nursing______examinations. I am satisfied to the best of my knowledge and belief that all the above mentioned particular and photograph are of the applicant who is the genuine candidate applying for B.Sc. Nursing.

Signature & Seal of Principal of College
For Re-appear Students:

1. The candidate is an ex-service man having served as ________________ in Armed Forces from ________________ to ________________ and is bonafide resident of HP OR

   The candidate is a regular employee of armed forces/Paramilitary forces/State Govt./Autonomous Bodies and has completed three years of regular service as on 30\textsuperscript{th} November of the preceding year. He is working as ________________ (Designation) in this department and further certified that there is no Evening College at the place of his posting i.e. ………………………….. (Certified to be attached). OR

   The candidate belongs to SC/ST category and is a resident of village ________________ Tehsil ________________ Distt. ________________ (Certified to be attached) OR

   The applicant is a women candidate and is a bonafide Himachali (Certificates to be attached) OR

   The candidate has previously appeared in the examination under Roll No. ________________ in Year ________________ Month ________________ as regular/private student and failed or was placed under compartment.

2. I am satisfied to the best of my knowledge and belief that all the above mentioned particular and photograph are of the applicant who is the genuine candidate applying for B.Sc. Nursing.

   Signature & Seal of Principal of College

GENERAL INSTRUCTIONS

1. Incomplete Forms are liable to be rejected.

2. The candidates must paste two passport size photograph at the appropriate space provided on the Form and Admit Card and attach attested copies of certificates for verification of eligibility along with form this form.

3. The candidates must write his/her correct address on the three self-stamped letter size envelopes and attach with this form.

4. Examination fee once paid is neither refundable nor adjustable in any subsequent examination unless the office finds the candidates ineligible to appear in the examination.
ADMIT CARD

Roll No. _______________
(Roll No. to be written by the Candidate)

(To be filled in by the Candidate)

Admit
(Name of the Candidate) _______________________________
son/ Daughter of Sh. ____________________________________
to the B. Sc. Nursing (Pass Course) _______ Year Examination to be held in
_______________ 201________________ on the dates as given in the
Date Sheet at Centre of Examination _________________________

Signature of Candidate

Controller of Examinations
Himachal Pradesh University.

Affix your latest colour attested passport size photograph.
Do not staple