Appendix-10

HIMACHAL PRADESH UNIVERSITY, SHIMLA-171005

COUNSELLING-CUM- ADMISSION FORM FOR M.Sc. NURSING DEGREE COURSE (Two Years) FOR THE SESSION-2018-19

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

Particulars of Entrance Test

(i) Roll No.....

(ii) Marks Obtained in the Entrance Test.....

(iii) Combined Merit Rank.....

(iv) Reserved Category Rank.....

(v) Group/Quota.....

Affix here latest original passport size self-attested Photograph

Orders of the Counselling Committee

Discrepancy(ies) if any : (i) Eligible / Ineligible.....

(ii) Group/Quota for which eligible.....

(iii) Category for which eligible.....

(iv) Name of College allotted:.....

Signature of Counselling Committee Members

1. ..... 2..... .3.... .....4..... .....5.....

6. ..... 7..... 8.....9.....10.....

To be filled-in by the candidate in his/her own handwriting (Tick-mark (s) not –permissible)

1. Name of the Candidate (as per matriculation Certificate).....
2. Father's Name (in block letters).....
3. Mother'sName:.....
4. Group/Quota applied for (In-service/Direct):.....
5. Category applied for (General/SC/ST) : .....
6. (i) Date of Birth (as per matric certificate).....
   (ii)Age as on 31.12.2018.....Year.....Months..... Days.....
7. Educational Qualifications :

   (i) Details of +2 examination : Name of Board.....

   Year of passing.....Roll No.....Marks obtained.....Maximum marks ....Percentage of marks.....

(ii) Details of B.Sc./Post-Basic B.Sc. Nursing Course passed from the Institution recognized by INC/H.P. State Nurses Registration Council :

a)Name of B.Sc. Nursing/Post Basic Nursing/B.Sc(Hons)Nursing College/Institution.....

b) Year of passing.....Roll No. ..... Marks obtained.....

Maximum marks.....Percentage of marks.....Date of joining the course.....Date of completion the course.....

10.Are you registered with the H.P. State Nurses Registration Council/any state nursing Registration Council as B.Sc. Nursing/Post Basic B.Sc. Nursing/B.Sc.(Hons), if yes please mentioned the registration number with name of council .....

11. Complete details of Service in the Govt. of H.P.

(i) Date of appointment (Adhoc/Contract/RKS) .....w.e.f. .....to .....
Total period of service. .....Years.....Months.....Days

(ii)Date of regular appointment .....w.e.f. .....to .....
Total period of regular service : ..... Years.....Months..... Days

12. (i)Are you Bonafide Himachali/Domicile (Yes/No).....

(ii)Are you a Child/Spouse of Himachal Govt. employee/employees of Autonomous Bodies wholly or partially financed by H.P. Govt. (Yes/No) .....

13. Present Postal Address .....

.....

.....Pin code..... Mobile No. .....

14. Permanent Address.....

.....

Pin code.....Tel. No. with STD Code.....

Documents to be attached *(only tagged)* with this form

I. Matriculation or its equivalent examination certificate.
II. Certificate of having passed the 10+2 or its equivalent examination along with details of marks in each subject.
III. B.Sc. Nursing/Post-Basic B.Sc. Nursing/B.Sc.(Hons) Nursing Degree/Passing certificate.
IV. Registration Certificate from Nurses registration council.
V. H.P. Bonafide Certificate/Himachal Govt. Employee' Certificate issued by the competent authority as per provision of prospectus (Appendix -1 & Appendix-5 as applicable).
VI. Certificates of reserved category issued by the competent authority (Appendix-2 to 4 as applicable).
VII. Service certificate as per Appendix-6 for in-service candidates.
VIII. Affidavit on plain paper in original as per Appendix-7.

Note: (i) Please attach the attested copies of each certificate in support of claim made here in above. All original certificates will be checked at the time of counseling.

(ii) Incomplete form will lead to rejection.

(iii) Final eligibility of the candidate will be determined by the counseling committee.

(iv) The candidate found ineligible at any stage shall have no claim for admission or continuation of Post-Basic B.Sc. Nursing Degree Course even if she admitted in the course.

15. **Declaration by the applicant :**

I hereby solemnly and sincerely affirm that the particulars furnished by me in the application form along with documents are true and correct to the best of my knowledge. I further undertake that the claim for admission has been submitted by me on the basis of my performance in M.Sc Nursing Entrance Test-2018 and if any of the particulars/documents are found to be false, my admission is liable to be cancelled from the college and I also understand that I am liable criminal for prosecution. I agree to abide by the rules & regulations as mentioned in the prospectus.

Signature of the Candidate

Place_____

Dated:_____

Authority letter in case the candidate is unable to attend the counselling in person

I hereby authorize Sh./Mrs /Miss _____daughter/wife of Sh._____ to attend the counselling for M.Sc. Nursing Degree Course to be held on _____ _____on my behalf, whose photograph is affixed in the box and signature is attested below.

Paste here recent Photograph of the authorized representative duly self-attested

(Signature of the candidate) (Signature of authorized representative)