



SARDAR PATEL UNIVERSITY
Vallabh Vidyanagar – 388120

No:
Form Fee Rs.: 150/-
Code No: 30766

Application Form for Post Basic B.Sc Nursing M. Sc.
Nursing Two years Programme Admission (2018-2019)
Application form for Self Financed Colleges.

Instructions:-

1. Please read all the general instructions carefully before filling up the Application form.
2. The Application Fee can be remitted through **Cash** ((During office hours Only, Except on Second & Fourth Saturdays of the month, All Sundays & Holidays). **The Application form Fee will not refunded.**

Subject : _____

Faculty (Arts, Commerce, Science) : _____

Please affix
a recent
passport
size
photograph

Full Name in Capitals As per Last Marksheet:

Surname																			
Name																			
Father's/ Husband's Name																			

Address:

Aggregate Marks/Percentage/CGPA		Percentage Grade (%)
Obtained	Out of	

Pin Code :

Phone No. With STD Code: _____ **Mobile:** _____

Tick (✓) the appropriate boxes (if applicable) and enclose certificate from Social Welfare Officer

OPEN SC ST SEBC PH VH

(Note: SC and ST Students must attach Caste Certificate, and SEBC fresh Non Creamy Layer Certificate (Financial year 2015-16) with this Application form. Old certificates for SEBC will not be considered.)

Date of Birth: **Age:** _____ **Years** **Male:** **Female:**

Place of Birth: _____ **Nationality:** _____
 (Village/Town/City) District State

Have you applied for admission to any other Degree/Diploma/Certificate Course in the University?

Yes No if Yes, give details: _____

Are you presently studying in any Degree/Diploma/Certificate course in any University?

Yes No if Yes, give details: _____

Annual Income of the Parents/Guardian/Self: Rs. _____ (Approx.)

(Enclose certified copies of Marksheets and Passing Certificates.)

Name of Examination	Month & Year of Passing	Percentage (%)	Grade obtained	Name of the University/ College	Subject / Specialization
H.S.C					
1 st Yr P.B.B.Sc/Basic B.Sc Nursing					
2 nd Yr P.B.B.Sc/Basic B.Sc Nursing					
3 rd Yr P.B.B.Sc/Basic B.Sc Nursing					
4 rd Yr P.B.B.Sc/Basic B.Sc Nursing					
D.Ed/ Integrated/DEI.E D./PTC/ Other					

I hereby declare that the information provided in this application form are correct to the best of my knowledge and understanding. In case of any information furnished by me is found to be incorrect and/or to be not in compliance to the rules of the University, the University has the right to take any action it deems fit, including the cancellation of the admission at any point of time. If selected for admission, I promise to abide by the rules and regulation of the University in force from time to time.

I know that for becoming eligible for University examination the rules regarding at least 80% attendance of total teaching working days and minimum marks to be obtained at the internal test are required to be fulfilled.

Notes :

1. In case there is gap between the last examination passed and the year of seeking admission, the student is required to submit bonafide statement to that effect.
2. Incomplete application will not be attended. No correspondence will be entertained with respect to such incomplete applications, including non-payment of fees or matters covered by the instructions given above.

Date:

Signature of the Applicant

----- **For Office Use Only** -----

Admitted / **Not Admitted**

Remarks of Head of Department

Date:

Head of the Department

DECLARATION

We _____ ("the candidate")
 _____ ("the candidate")

Hereby solemnly undertake that.....

- * The information given above is true. If found false, we understand the admission granted will be cancelled and all fees will be forfeited.
- * We have read the admission guideline carefully and all fees will be forfeited.
- * We shall pay the fees every years decided by the Management of the Institute.
- * We will abide by the rules and regulations formed by the Institute.

Document Required (Please (√)Tick makrs)

- * Final Year B. Sc. Nursing/ Post Basic B. Sc. Nursing Mark-sheet
- * Registration Certificate
- * HSC Mark-sheet
- * School Leaving Certificate
- * Copy of last Appointment and Reliving order
- * Copy of Experience Letter
- * Copy of Aahdar Card

Date: _____ Signature of Candidate: _____

Place: _____ Signature of Guardian: _____

**FORM OF CERTIFICATE
MEDICAL CERTIFICATE OF EXAMINATION OF
CANDIDATE FOR ADMISSION TO POST BASIC
B. Sc. NURSING AND M. Sc. NURSING COURSE**


I certify that I have carefully examined Mr./Mrs. _____
_____ Son/Daughter /Husband/of _____
_____ whose signature is given below.

Based on the examination, I certify that he/she is in good mental and physical health and is free from any physical defects, which may interfere with his/her studies including the active outdoor duties required of a professional.

Marks of Identification _____

Signature of the Candidate _____

Impression of LEFT hand thumb



Place:

Date:

.....

Signature & Seal Medical Officer.

Full Name _____

Qualification (Minimum M.B.B.S) _____

Registration No. of Medical Council:
