

ANNEXURE- I

APPLICATION FORM FOR BASIC B. Sc. NURSING COURSE

Note: To be filled in by the candidate.

Affix a
passport size
photograph
attested by a
Gazetted
officer on the

- (1) FULL NAME OF THE CANDIDATE AS RECORDED
IN THE H.S.C.E OR EQUIVALENT EXAMINATION.

(In block letter)

- (2) Sex :

- (3) CATEGORY CLAIMED – GENERAL / S.C./ S.T./ P.H./ Green Card Holder /

Ex – Servicemen or Servicemen (Put Tick ✓ mark whichever is applicable & mentioned the category).

- (4) Date of Birth

(As recorded in H.S.C. or equivalent examination)

- (5) Age as on 31.12.2018 of the year of Admission

- (6) Nationality (7) Married / Unmarried (8) Religion

- (9) Educational Qualification

- (10) Permanent home Address:-

Village / Town

P.O - Police Station

Tahasil -

Dist. - State: Pin

- (11) Present Address

(For correspondence)

Personal Contact noEmail Id.....

(12) Full Name of Father / Husband / Guardian (if father is dead)

.....

Occupation

Address

.....

(13) SBI Journal No.

(14) Academic Details:

Name of the Examination (+2) Science or its equivalent.....

Name of the University / Council / Board

(15)

Sl No.	Name of the Examination	Name of the Board/University/council/equivalent thereof	Marks Without Ext. Opt.	Percentage of Marks without Ext. Opt.	50% of the marks secured
1.	HSC or equivalent				

(16) Marks secured in (10 + 2) Science Examination

SUBJECT	TOTAL MARK	PERCENTAGE	50% OF THE MARKS SECURED
PHYSICS			
CHEMISTRY			
BIOLOGY			
GRAND TOTAL			
Marks in English		Secured mark	

(17) Documents and Certificates enclosed

(Put Tick ✓ mark)

(i)	Self Attested copy of H.S.C.(10 th) or equivalent examination(10 th) pass Certificate& Mark sheet issued by Board of Secondary Education or other equivalent Board as proof of age.	Yes / No
(ii)	Self Attested true copy of mark sheet & pass certificate of qualifying examination (10+2) issued by the C.H.S.E. / Board / University/Equivalent thereof.	Yes / No
(iii)	Self Attested copy of the conduct / character certificate issued by the Head of the Institution last studied.	Yes / No
(iv)	Self Attested copy of certificate in support of category claimed (S.C./S.T. /Physically Handicapped/Ex-Servicemen or Servicemen/Green Card Holder)	Yes / No
(v)	Self Attested copy of Residential (Must have been issued within 06 month prior to the date of Advertisement 07th July 2018) // Nativity for candidate who claims as permanent resident of Odisha.	Yes / No
(vi)	Self attested copy of Marriage declaration in prescribed form applicable for married candidates.	Yes / No
(vii)	Self Attested copy of passing odia as a subject at M.E / HSCE issued by Board of secondary education or other equivalent board	Yes / No
(viii)	One attested copy of recent passport size photographs affixed in the space provided in the application form	Yes / No
(ix)	Original Department's slip portion of SBI Challan of Rs.500/-	Yes / No

I declare that the above statement of particulars furnished by me are true in all respect and as such, I undertake that if subsequently, I will be found to have given wrong information with regard to the marks, certificates and documents produced by me in connection with my admission, then my name will be immediately removed from the College in addition to whatever legal action that be taken against me, I agree to abide by the rules of the College / Hostel and pay all fees and deposit all other dues as laid down in the College.

I certify that I have not been prosecuted or convicted for any criminal offence involving moral turpitude.

Date

Full Signature of the Applicant

Countersigned by Parents / Guardian / Husband

Name

Date.....

ANNEXURE – II

**PERMANENT RESIDENT CERTIFICATE FOR BASIC B.Sc.
NURSING COURSE 2018 - 19**

Office of the

Miscellaneous Certificate Case No..... of 2018

This is to certify that Sri / Smt. / Miss /

Son / Daughter / Wife / of Sri

is a native of the district of

in the State of Odisha and he / she belongs to P.S.

Tahasil

The certificate is being granted only for the purpose of Basic B.Sc. Nursing Course – 2018-19 Odisha.

Full Signature of the applicant

Signature of Revenue Officer

Date –

Round seal of the Office,

Designation (with seal of officer)

NOTE: - 1. Revenue Officer means the Chief Officer in charge of Revenue Administrative in the District, Sub-Division of Tahasil & includes Additional Magistrate and Additional Tahasildar.

ANNEXURE – III

**SC/ST CERTIFICATE BY BIRTH FOR BASIC B.SC NURSING
COURSE 2018- 19**

This is to certify that Sri / Smt. / Miss

Son/ Daughter / Wife of Sri

of Village / Town

P.S. Tahasil

in the District of in the State of Odisha

belongs to the Caste / Tribe which is recognized as Scheduled
Caste / Tribe and under Constitution (Scheduled Caste) order 1950 / the Constitution (Scheduled
Tribe) order, 1950 as amended by the Scheduled Castes and Scheduled Tribes (Amendment) orders
Act 1976.

The place of birth of Sri / Smt. / Miss is of
Village / Town P.S.

.....Tahasil in the
District of of the State of Odisha.

Full Signature of the applicant

Signature of Revenue Officer

Date –

Round seal of Office

Designation (with seal of officer)

ANNEXURE – IV

**CERTIFICATE OF EX-SERVICEMAN / SERVICEMAN FOR
BASIC B.SC NURSING COURSE 2018- 19**

1. Name of the ex-Serviceman / Serviceman :
2. Permanent address as per service records :
3. Rank in Defense Service :
4. Last place of posting (in case of Ex-Servicemen) :
5. Present place of posting (in case of serving personnel) :
6. Full name of the candidate :
7. Relationship of the ex-Serviceman / Serviceman with the candidate :

Full Signature of Station Commander / Officer
Commanding /

Officer-in-Charge / Secretary,

Zilla / RajyaSainik Board

Full signature of candidate's Parent

Designation with Seal of Office .

Date -

ANNEXURE – V

MARRIAGE DECLARATION FORM

1. I, Sri/Smt/Kumari ----- declare as under:-

- i) That I am unmarried /a widower/a widow
- ii) That I am married and have only one wife living
- iii) That I am married and my husband has no other living wife, to the best of knowledge.
- iv) That I am married to a person who has already one wife or more living. Application for grant of exemption is closed.

Recent colour
passport
photograph of
the spouse duly
attested

2. The details of my spouse are :

a) Name: Sri/Smt. -----

b) Date of Birth of the Spouse is -----/-----/-----

c) Date of Marriage is :-----/-----

I solemnly affirm that the above declaration is correct and I understand that the event of the declaration being found to be incorrect after my joining in Basic B.sc Nursing course for the academic session 2018-19. I shall be liable to be rejected of my candidature.

Date: -----

Signature (in full)

Name in CAPITAL Letters: _____

Note:

- Please delete clauses which are not applicable.
- Applicable in case of clause (i), (ii), (iii),and (iv) only.
- Please fill Sl No. 2 only if you are married.

ANNEXURE – VI

UNDERTAKING FORM

SELF DECLARATION BY PARENT /GUARDIAN

(To be submitted by the selected candidates at the time of admission)

I Sri /Smt. Name of the Local
Guardian (Address of the Local Guardian)

Undertake to act as the Local Guardian of Miss / Smt./Sri Daughter
/ Wife / Son/Ward of Sri / Smt.

..... During her / his period of study in the College of Nursing,
.....

I also undertake to act on behalf of the parents / husband of the said candidate during the
period of study in the College of Nursing, for which I have
been empowered by the parent / guardian / husband of the said candidate.

I further undertake to take custody of the above candidate if and when required by the College
authorities and to ensure that she / he maintains the academic discipline and good conduct during the
period of study in the aforesaid institution.

Place - Signature in full of the Local Guardian

Date -

ATTESTATION BY PARENT / HUSBAND / GUARDIAN

The above undertaking has been signed in my presence, I empower Sri / Smt.....
.....to act as Local Guardian of my
daughter/wife/Son/ Ward, Miss/ Smt./ Sri..... during the
period of her/his candidateship in the College of Nursing

Place - Signature in full of the

Date - Parent / Guardian / Husband

Signature in full of the Candidate

ANNEXURE-VII

MEDICAL FITNESS CERTIFICATE

CERTIFICATE OF PHYSICAL FITNESS IN RESPECT OF SELECTED CANDIDATES
FOR ADMISSION INTO BASIC B.SC NURSING COURSE FOR THE SESSION 2018-19

Name of the Candidate in full Age
..... , Sex - Male/Female(Put Tick mark(✓) whichever is applicable , Height
..... , Weight ,Heart , Eye , Teeth
..... , Liver , Lungs , Spleen ,Blood
Pressure

Any Loco motor disorder , Neurological disorder.....

Blood Group

Please indicate if Pregnant (In case of Female Candidate).....

Date of L.M.P. (In case of Female Candidate).....

Previous Medical History, if any

Personal Remarks of Identification

1.
2.

I certify that I have examined the above named candidate and cannot discover that she has any diseases, constitutional weakness or bodily infirmity and I consider that the candidate is physically and mentally fit to undergo BASIC B.SC NURSING Nursing course.

SIGNATURE OF THE CANDIDATE

Designation -

Date with Seal

NOTE: - 1. This certificate is to be detached for submission only by the selected candidates on the date of counselling.

2. This certificate must be obtained from the Govt. medical officer not prior to 15 days of the counselling date.