

## હેમચંદ્રાચાર્ય ઉત્તર ગુજરાત યુનિવર્સિટી, પાટણ. Hemchandracharya North Gujarat University, Patan.

(University Road, Post Box No. 21, Patan-384 265.)

## Application form for Admission to Post Basic B.Sc. Nursing Course

• Read all the instruction given in the BLACK or BLUE ball point pen in stray marks on this form. • Submit form.	boxes using English	CAPITAL let	ters. • Do not	make any				
1. Candidates Name (As given in G	.N.M. Certificate)				5. Photog	raph of the Candidate		
					Dog	to recent record		
2. Father's Name/ Husband's Name	e (in case of married	female)				te recent passport e photograph duly		
3. Mother's Name						ed by gazette officer.		
			200					
4. Candidate's Complete Address f	or Correspondence	_	200					
	18/2							
	181/124		12128		Sign	ature of Candidate		
	14/1025	Assessed as	ACA			Male Female		
	10/201	Pin Code			7. Catego	-		
State	12 5 12							
		Lie-	11 2		$\Box$ so $\Box$ ot			
8. Contact	- C - C		<u>1</u>					
S.T.D. Telep	hone		Mobile N	lo.				
Code No.	THE REAL	11-11-1	1					
E-mail ID								
9. Date of Birth	10. Informatio			on) Yea	r of Passin	ng Percentage		
Day     Month     Year     Science Stream     Arts Stream     Month     Year								
5	12 Marks obtained i	n the Evamir	ation (GNM)					
	ng G.N.M. 12. Marks obtained in the Examination (GNM) (Please include all three year mark sheet)							
Month Year		I Year II Year III		III Year	r Marks Aggregate %			
13. Examination		Int. Ext.	Int. Ext.	Int. Ext	. Int. l	Ext. (up to three decimal point)		
Board/University:	Maximum Marks							
	Marks Obtained							
	Percentage							
					15 Decid	mation No		
14. Name of State Nursing Council				$\top$	15. Kegist	ration No.		
16. Total Nursing Experience	17. De	etails of proce	ssing fee	D	D No. / Ca	sh Receipt No.		
Year Month	Paid	Cash C	Demand Dr	aft				
<b>18. DECLARATION</b> I hereby declare that the information furnished by me is correct and true to the best of my knowledge and belief. I have not suppressed any information. I am aware that I shall be liable to civil/criminal action by the Competent Authority against me, if any of information given by me is found to be incorrect and false.								
Name and Signature of Parent/Guardian with date         Name and Signature of Candidate with date           OFFICE USE ONLY         OFFICE USE ONLY								
		Receipt No.:     Date:     Date:     Name and Signature of Receiver						

## Submit the Photo copy of below relevant documents along with this form.

- 1. S.S.C./H.S.C./ Equivalent Examination marks statement and certificate.
- 2. Year wise GNM mark sheets.
- 3. Registration Certificate
- 4. Experience certificate (If available)
- 5. Leaving certificate/Transfer certificate/Relieving certificate from the institution last attended.
- 6. Proof of Age certificate.
- 7. Domicile certificate.
- 8. Medical fitness certificate from a registered Medical Practitioner.
- 9. Caste certificates with *latest crimiliar certificate*.
- 10. Copy of Govt. Gazette in case of change in name.
- 11. Two Passport size recent color photographs.
- 12. A candidate who is working government or private sector they have to produce NOC certificate of that institute.