

APPLICATION FORM

Application form No:

**BHOPAL NURSING COLLEGE
BHOPAL MEMORIAL HOSPITAL & RESEARCH CENTRE
(DEPARTMENT OF HEALTH RESEARCH
MINISTRY OF HEALTH & FAMILY WELFARE, GOVT OF INDIA)
RAISEN BYPASS ROAD, KAROND, BHOPAL – 462 038**

Tel. No. 0755-2742279, 0755 – 2742212-16, Extn. 8803, 8821

(Recognized by Indian Nursing Council & MP State Nursing Council & Affiliated to Madhya Pradesh Medical Science University, Jabalpur(MP).

Application for admission to Post-Basic B.Sc. Nursing

N.B. : The application form completed in all respects along with DD and self-attested certificates must reach the Bhopal Nursing College, BMHRC, on or before the closing date 31st July 2018 till 5.00 PM

For Sponsored candidates: Through proper channel by 31st July 2018 till 5.00 PM for Post Basic B.Sc. Nursing course.

Application No.:
<u>Fee detail of Applicant:</u>
Fee Deposited Rs.:
Demand Draft No :
Bank and Branch:

*Affix Photograph as
per instruction in the
prospectus with
name and date*

Note:

- (a) Application form to be filled by candidate in block letters & in her/his own handwriting.
- (b) All statements made in this form must be supported with attested copies of certificates.

1.	Course applied for (please tick)	<input type="checkbox"/> Post Basic B.Sc. Nursing
2.	Candidate's Name in full (in English-Capitals). In Hindi	
3.	Father's/Husband's Name	
4.	Mother's Name	
5.	Date of Birth	
6.	Age in years and months	
7.	Marital Status (whether married/unmarried / widow/ divorced)	
8.	Category under which applying i.e. Unreserved / OBC/ SC/ST	
9.	Nationality	
10.	Religion	
11.	State to which belonging	
12.	Aadhar Card No	
13.	<u>Account Detail</u> Account No Bank & Branch IFSC Code	
14.	Address for correspondence/ local Guardian Phone No. with STD code Mobile No Email id	

**14. ACADEMIC QUALIFICATIONS: Details of Matriculation
and above examination only be given**

Examination	Board/University	Year of Passing	Total Marks	Marks obtained	Division /Class	% of marks	Number of attempts
10 th							
10+2							
GNM							
Others if any							

15. PROFESSIONAL QUALIFICATIONS- Post-Basic BSc Nursing :

Examination Passed	Institution/ College School	Council/ University/ Board.	Study Centre	Year & month when passed	Roll No.	Total Marks	Marks obtained	%age of marks	Duration of the course	Registration Council No.	
										RN	RM
General Nursing & Mid-wifery											

(Signature of candidate)

16. DETAIL OF EXPERIENCE (Experience in Nursing from Educational Institutions/Hospitals(100 bedded) recognized by the Indian Nursing Council/ respective state/central governments. (applicable to candidates working in private hospitals & applying for Post Basic BSc Nursing course):

Post held	Institute/Hospital	Period / Date		Total Experience		
		From	To	Years	Months	Days

17. Whether presently in service or not _____

18. Name & Address of present _____

employer (if in service)

19. Whether deputation or study leave : _____
or extraordinary leave or private candidate

Date: _____

Place: _____

(Signature of the candidate)

(to be signed by every applicant)

Note: Applicant must put his/her signature on the admit card and candidates attendance sheet just below the photograph on the space provided for signature and submit along with application form and **a self-addressed envelope** (9x4 inch) to dispatch admit card.

BHOPAL NURSING COLLEGE
BHOPAL MEMORIAL HOSPITAL & RESEARCH CENTRE, BHOPAL
DEPARTMENT OF HEALTH RESEARCH
MINISTRY OF HEALTH & FAMILY WELFARE, GOVT OF INDIA

ADMIT CARD

For Entrance Test of Nursing Courses - Session: 2018-19

1. Roll No.....
 - a. (To be assigned by the Office)

2. Examination Centre: _____ **Bhopal.**

3. **Course applied for – Post Basic B.Sc Nursing**

Affix photograph as per instructions in the prospectus with name & date

(Signature of the candidate)

Please admit Miss/Mrs./Mr _____
whose photograph along with the signatures are affixed hereon to the entrance test for
Nursing course ticked above to be held at the center mentioned above.

Principal

INSTRUCTIONS FOR CANDIDATES

CANDIDATE MUST REPORT AT THE EXAMINATION CENTRE AT LEAST
ONEHOUR BEFORE THE SCHEDULED TIME OF START OF WRITTEN
EXAMINATION

1. Bring valid Photo ID proof (Aadhar card/voter ID/Driving Licence/ PAN Card) at the time of entrance examination
2. This admit card is subject to the condition that if ineligibility is detected at any stage, your candidature will be cancelled.
3. Check your particulars in the Admit Card carefully. Error, if any should immediately be reported to the Principal, BHOPAL NUSING COLLEGE , BMHRC, BHOPAL.
4. Blue/black pen will have to be used for writing/making responses
5. No entry to examination hall without admit card.
6. Cell phones, pagers, calculators are strictly prohibited.
7. Do not attempt to give or to obtain irregular assistance of any kind.
8. Do not carry any article, even envelope of admit card into examination hall.
9. Do not mark or write anything on question paper.
10. Any attempt remove pages from Question Booklet will be severely dealt with.
11. Copying or noting down questions is strictly prohibited.
12. Hand over the question paper and answer sheet to the Invigilator before leaving the examination hall.
13. Improper conduct will entail expulsion.

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Entrance Examination for Nursing Courses – Session: 2018-19

CANDIDATE'S ATTENDANCE SHEET

1. Roll No.....
(To be assigned by the Office)

2. Examination Centre: ----- **Bhopal**
Course applied for- Post Basic BSc Nursing

Affix photograph as
per instructions in
the prospectus with
name & date

(Signature of the candidate)

Nothing to be written below this line by candidate (To
be signed at the Time of Examination)

ATTENDANCE SHEET

Date & Time	Signature of Candidate	Signature of Invigilator
_____	_____	_____
_____	_____	_____

Endorsement by the employer if applicant is in service

Dispatch no: -----

Date-----

Forwarded to the **Bhopal Nursing College, BMHRC**, Bhopal for consideration. The undersigned has no objection to the applicant Ms/Mr----- being considered by the institute for the course applied for by him/her and if selected, he/she will be relieved within, prescribed time limit. The applicant is sponsored by us and sponsored certificate is enclosed.

Address _____

(-----)

(Signature of employer)

with official seal