

**APPLICATION FORM**  
**BHOPAL MEMORIAL HOSPITAL & RESEARCH CENTRE**  
**BHOPAL NURSING COLLEGE**  
(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

**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 18<sup>th</sup> September 2017 till 5.00 PM

**For Sponsored candidates:** Through proper channel on or before 18<sup>th</sup> September 2017 till 5.00 PM for Post Basic B.Sc. Nursing course.

<b>Application No:</b>	
<b>Demand Draft No :</b>	
<b>Fee deposited:</b> Rs.	<b>Bank Name/Address:</b>
	<b>Bank Code:</b>

Affix photograph as  
per instructions in  
the prospectus  
(with name & 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	<b>Post Basic B.Sc. Nursing</b>
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.	Aadhar Card Number	
8.	Marital Status (whether married/unmarried / widow/ divorced)	
9.	Category under which applying i.e. Unreserved / OBC/ SC/ST	
10.	Nationality	
11.	Religion	
12.	State to which belonging	
13.	Address for correspondence / local Guardian Phone No. with STD code  Mobile No  Email id	
14.	Permanent Address Phone No. with STD code  Mobile No  Email id	

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

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

**16. PROFESSIONAL QUALIFICATIONS**

<i>Exami- nation Passed</i>	<i>Insti- tution/ College School</i>	<i>Cou ncil/ Board</i>	<i>Study Centre</i>	<i>Year &amp; month when passed</i>	<i>Roll No.</i>	<i>Total Marks</i>	<i>Marks obtained</i>	<i>%age of marks</i>	<i>Duration of the course</i>	<i>Registration</i>	
										<i>Council No.</i>	
										<i>RN</i>	<i>RM</i>
<i>General Nursing &amp; Mid- wifery</i>											

(Signature of candidate)

17. **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

18. Whether presently in service or not \_\_\_\_\_

19. Name & Address of present employer (if in service) \_\_\_\_\_

20. 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.

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

**ADMIT CARD**

**Entrance Examination of Post Basic B.Sc. Nursing**  
**Session: 2017-18**

1. Roll No.....
  - a. (To be assigned by the Office)
  
2. Examination Centre: Bhopal Nursing College, Bhopal
  
3. **Course applied for – Post Basic BSc 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 to  
be held at the center mentioned above.

**Principal**

## **INSTRUCTIONS FOR CANDIDATES**

**Candidate must report at the examination centre at least one hour before the scheduled time of start of written examination**

1. Bring valid Photo ID proof (Aadhar card/voter ID/Driving License/ 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 NURSING 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.

# BHOPAL NURSING COLLEGE

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

## Entrance Examination of Post Basic B.Sc. Nursing Session: 2017-18

### CANDIDATE'S ATTENDANCE SHEET

Course applied for- Post Basic BSc Nursing

1. Roll No.....  
(To be assigned by the Office)
2. Examination Centre- Bhopal  
Nursing College, Bhopal.

Affix photograph as per instructions in the prospectus with name & date
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(Signature of the candidate)

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

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### 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** \_\_\_\_\_

(-----)

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**(Signature of employer)**  
**with official seal**



**Check List:** Please attach self-attested photocopies of the following documents to be submitted along with filled application form.

S. No	DOCUMENTS	YES	NO
1.	10 <sup>th</sup> pass Mark sheet		
2.	10+2 pass Mark sheet		
3.	GNM Marksheet 1 <sup>st</sup> year		
4.	GNM Marksheet 2 <sup>nd</sup> year		
5.	GNM Marksheet 3 <sup>rd</sup> year		
6.	GNM Internship		
7.	GNM Diploma Certificate		
8.	GNM Nursing Council Registration Certificate (RN&RM)		
9.	Transfer certificate		
10.	Migration certificate		
11.	Caste Certificate		
12.	Income Certificate		
13.	Aadhar Card		
14.	Non creamy layer certificate		
15.	Domicile Certificate		
16.	Affidavit (in case of change of Name)		
17.	Disability Certificate from disability Board		
18.	Sponsorship letter from employer (only for Govt. in-service candidates)		

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**Signature of the candidate**