



# SHIMLA NURSING COLLEGE

AN UNIT OF RCS ASSOCIATES CHARITABLE TRUST (Regd.)

(VILL- SHURALA/CHAMYANA; PO- KAMLANAGAR; TEHSIL & DISTT. - SHIMLA – 171006-HP)

Contact: 0177-2674667; 9459595566; website: [www.shimlanursingcollege.com](http://www.shimlanursingcollege.com) email: [cotact@shimlanursingcollege.com](mailto:cotact@shimlanursingcollege.com)

## COUNSELLING CUM ADMISSION FORM FOR **POST-BASIC B.SC NURSING** DEGREE COURSE (TWO YEARS) FOR THE ACADEMIC SESSION – 202...-2.. (BATCH 202... TO 202...)

(To be submitted by the Candidate at the time of Counselling/Admission)

### FOR USE OF COUNSELING COMMITTEE

Discrepancy(ies) if any:	(i)Eligible/Ineligible..... (ii)Group/Quota for which eligible..... (iii)Cat./Sub Cat. for which eligible..... (iv)Seat Alloted under Cat./Sub Cat: .....
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Affix here latest  
Original  
passport size  
self-attested  
photograph

(Signatures of the Members of the Counseling Committee with confirmation of eligibility & seat allotted)

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

To be filled-in by the candidate in her own handwriting (Tick marks(s) not permissible)

- Name of the Candidate: .....
- Father's Name: .....Mother Name .....
- Mobile No. of the Candidate.....Parent's Mobile No. ....
- Category (General/SC/ST/OBC/PwD).....Group (In- service/ Direct) : .....
- Date of Birth\_..... Age as on 31<sup>st</sup> Dec, **202...**: .....Years.....Months.....Days
- Are you Bonafide Himachali/Domicile (YES/NO)..... Adhar No.:.....
- Are you Child of Himachal Govt. employee/employees of autonomous bodies wholly or partially financed by H.P. Govt.(YES/NO) .....
- Particulars of Entrance Test- **202....**:-
  - Roll No. ....Marks Obtained in Entrance Test .....
  - Combined Merit Rank:..... Reserved Category Rank: .....AMRU Exam./Registration No.....
- Are you interested for admission under: ( subject to eligibility criteria of the prospectus):-
  - State Quota Seats in Private Nursing Colleges (Yes/ No): .....
  - Management Quota Seats in Private Nursing Colleges (Yes/ No): .....

### 10. Educational Qualifications:-

#### ➤ Details of 10+2 Examinations:-

- Roll No.....Marks Obtained .....Max. Marks .....Percentage of Marks .....
- Name of the Board..... Stream ..... Year of Passing .....

#### ➤ Details of GNM Course passed from the Institution recognized by INC/H.P. State Nurses Registration Council:-

- Name of GNM School/ Institution/council .....
- Roll No. .... Marks Obtained .....Max. Marks..... Percentage of Marks .....
- Year of Passing .....Date of Joining the course..... Date of Completion the course.....

11. Are You Registered with the H.P. Nurses Registration Council as Nursing/ Midwife, if **yes** please mentioned the Registration Number:..... Date of Registration .....  
NUID .....
12. If you belongs to other state, please mentioned the Name & Registration Number of the concerned State Nursing ..... Date of Registration .....  
NUID .....
13. Present Postal Address .....  
.....Pin code.....  
Student Mobile No.....Parents Mobile No.....
14. Permanent Address.....  
.....Pin code.....  
Tel. No. with STD Code.....email id .....

**15. Declaration by the Applicant and Parent/Guardian Concerned:-**

I hereby solemnly and sincerely affirm that the particulars furnished by me in this application form alongwith documents are true and correct to the best of my knowledge and belief. I further undertake that the claim for above admission has been submitted by me on the basis of my performance in GNM /Post Basic B.Sc. Nursing Entrance Test-**202..** and if any of the particulars /documents are found to be false, my admission is liable to be cancelled from the college at any stage for which I understand that I am liable for criminal prosecution. I agree to abide by the rules & regulations as mentioned in the Ddigital prospectus as uploaded on the Col-lege/University website [www.amruhp.ac.in](http://www.amruhp.ac.in) & [www.shimlanursingcollege.com](http://www.shimlanursingcollege.com).

Place.....		
Date.....	(Signature of Parent/Guardian)	(Signature of the Candidate)

**16. Self-Attested Copies of certificates/documents to be attached with this form:**

- I. Matriculation or its equivalent examination certificate.
- II. Certificate of having passed the 10+2 or its equivalent examination along with details of marks in each subject.
- III. H.P. Bonafide/Domicile Certificate issued by the competent authority as per provision of prospectus
- IV. Resident Certificate for other state
- V. Certificates of reserved category/Sub Category if any issued by the competent authority
- VI. Certificate of good conduct/character from the Principal/Head of the School/Institutions last attended followed by a separate latest character certificate from the Tehsildar/Sub-Divisional Magistrate of the Area concerned
- VII. GNM Passing all certificate along with Degree/Diploma
- VIII. Registration Certificate from the Nurses registration council along with NUID No.
- IX. Anti-Ragging Affidavit on plain paper in original as per prescribed format
- X. Gap Affidavit/ Married Affidavit if any
- XI. Adhar Card Copy along with 5 colored photographs.

**Note:**

- (i) All original certificates are required for verification at the time of counselling.
- (ii) The Final eligibility of the candidate will be determined by the counselling committee/ Principal of the college.
- (iii) This Admission Form with documents/certificates will not be returned in any case
- (iv) The Candidate found ineligible at any stage shall have no claim for admission or continuation of Post Basic B.Sc. Nursing Degree Course even if she admitted in the course. Incomplete form will lead to rejection