



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 email contact@shimlanursingcollege.com

COUNSELLING-CUM-ADMISSION FORM FOR M.S.C. 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 Counseling /Admission

FOR USE OF COUNSELING COMMITTEE

Discrepancy(ies) if any:	(i) Eligible/Ineligible..... (ii) Group/Quota for which eligible..... (iii) Category for which eligible..... (iv) Name of Specialty:	Affix here latest original passport size self-attested
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(Signature's of the Member's of the Counseling Committee with confirmation of eligibility & seat allotted

1.....2.....3.....4.....

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

1. Name of the Candidate (as per matriculation Certificate).....

2. Father's Name (in block letters).....

3. Mother's Name.....

4. Group/Quota applied for (In-service/Direct):Specialty

5. Category/Sub Cat.applied for (General/SC/ST):Adhar No.

6.(i) Date of Birth (as per matric certificate).....Age as on 31.12.202..:Year.....Months..... Days.....

7. (i) Are you Bonafide Himachali/Domicile (Yes/No).....

(ii) Are you a Child/Spouse of Himachal Govt. employee/employees of Autonomous Bodies wholly or partially financed by H.P. Govt. (Yes/No)

8. Entrance Test Roll No.....Marks obtained.....Merit Overall Rank.....Cat. Rank
AMRU Exam./Registration No.....

9. Are you interested for admission under: (subject to eligibility criteria of the prospectus):-

a) A State Quota Seats in Private Nursing Colleges (Yes/ No):

b) Management Quota Seats in Private Nursing Colleges (Yes/ No):

10. Educational Qualifications:

(i) Details of +2 examinations: Name of Board.....Year of passing.....Roll No
Marks obtained.....Maximum marks Percentage of marks.....

(ii) Details of B.Sc./Post-Basic B.Sc. Nursing Course passed from the Institution recognized by INC/H.P. State Nurses Registration Council or any other registration council:

a) Name of B.Sc. Nursing/Post Basic Nursing/B.Sc(Hons)Nursing College /Institution
..... b) Year of passing.....Roll No.....

Marks obtained.....Maximum marks.....Percentage of marks.....

Date of joining the course..... Date of completion the course.....

11. Are you registered with the H.P. State Nurses Registration Council/any state nursing Registration Council as B.Sc. Nursing/Post Basic B.Sc. Nursing/B.Sc.(Hons), if yes please mentioned the registration number & Date with name of council

NUID

12. Working Experience details

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 the application form along with documents are true and correct to the best of my knowledge. I further undertake that the claim for admission has been submitted by me on the basis of my performance in B.Sc-N/Post Basic B.Sc-N Marks/ M.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 and I also understand that I am liable criminal for prosecution. I agree to abide by the rules & regulations as mentioned in the digital prospectus copy as uploaded the college/university website www.amruhp.ac.in & www.shimlanursingcollege.com.

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

16. Attested Copies of certificates/documents to be attached (only tagged) 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. B.Sc. Nursing/Post-Basic B.Sc. Nursing/B.Sc.(Hons) Nursing Degree/GNM Passing all certificate along with Degree/Diploma
- VIII. Registration Certificate from the Nurses registration council along with NUID No.
- IX. 1 Year working experience (experience will be counter after valid Registration 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 M.Sc. Nursing Degree Course even if she admitted in the course. Incomplete form will lead to rejection