

**Baba Farid University of Health Sciences
Kotkapura Road, Faridkot – 151203 (Pb) INDIA**



**Application for obtaining
Equivalency/Eligibility Certificate**

<p>For Office use only: Received Rs./US\$ _____ Receipt No. _____ Dated _____ Cashier</p>
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(For admission to Post Basic B.Sc.(Nursing)course under NRI quota only)

(Fee for issuance of Eligibility Certificate: US \$ 300 or equivalent in Indian Rupees to be sent by Demand Draft favouring Registrar, Baba Farid University of Health Sciences drawn on any Bank Payable at Faridkot.)

- (A) (i) Name Mr./Miss/Mrs. _____
(In capital letters)
- (ii) Father's Name _____
(In capital letters)
- (iii) Mother's Name _____
(In capital letters)
- (iv) Date of Birth _____
- (v) Admission being sought for :
(a) Course _____
(b) Year/Session _____
- (vi) Country _____ Passport No. _____

(B) Full Address: _____
(Abroad) _____

Telephone No _____ Fax Number _____

e-mail address: _____

(C) Full Address _____
(India) _____

Telephone No. _____ Fax Number _____

e-mail address: _____

(D) 1. Examination passed _____ (B.Sc.Nursing-Basic/Post Basic or equivalent) in the year _____ under Roll No. _____ from the University/Institution _____ as detailed below:-

Year	Marks/Grade Obtained	Maximum Marks
1 st		
2 nd		
3 rd		
4 th		
Total		

Eligibility:

- a. Candidate should have qualified entrance test (PPBNET-2016).
 - b. Candidate should have passed GNM Nursing with minimum 55% marks.
 - c. Should be registered Nurse and Registered mid wife with any state nursing registration council.
2. Whether qualifying Examination passed as regular student of the University/College Yes/No
3. Name of the University/College _____
4. Whether the institution is recognized by INC? Yes/No
(Please attach certificate if yes)
5. Whether University is recognized by INC? Yes/No
(Please attach proof)

(E) Particulars of fee remitted

- (i) Amount US \$ 300 / or equivalent in Indian Rupees, Bank Draft No _____
Dated _____ Drawn on _____ Bank; payable at _____ (In India)
- (ii) Fee for Application University Receipt No. _____ Dated _____
(Rs. 1000/- additional as cost of form)

(F) NRI Category under which applying

(Please indicate the appropriate code)

- i) Please fill in appropriate applicable category code in the box. For determination of appropriate category applicable.
- ii) Candidates can apply under following categories.

The order of Preference is as under:-

- Category I : NRIs who are having ancestral Punjab Resident background.
- Category II : NRIs who are having ancestral background of state of India other than Punjab

Dated _____

Signature of the Applicant

Enclosures:

1	GNM /equivalent examination detailed marks certificate(s) (The certificate(s) must show the marks of all the subjects).	5	Certificate of having passed qualifying examination as a regular student from the recognized institution /university.
2	Explanation Sheet of grades	6	Recognition Certificate of GNM course/Equivalent Degree from INC.
3	Date of Birth Certificate.	7	Copy of the passport of Candidate/Parents in support of proof.
4.	Character/Recommendation Certificate from the Head Of the Institution last attended.		

Note:-1. These documents should be original along with Photocopies duly attested by a competent authority.

(For Office Use Only)

1. Qualifying examination passed, which is equivalent to GNM examination of Baba Farid University of Health Sciences, as a regular student of _____ Institution/University/College, which is recognized and from _____ University. This University is recognized one by Nursing Council of India.
2. The candidate has passed the qualifying examination of GNM.
3. Eligible for admission to _____

4. Not eligible for admission since he/she _____

DEO(Regn)

Supdt(Regn)

Supdt(Admission)

Jt. Registrar