

State institute of Nursing & Para Medical Sciences, Badal, distt. Muktsar
A constituent college of Baba Farid University of Health Sciences, Faridkot
Admission Notice Session 2012-13 (Ph. 96465-99030)

Post Basic B.Sc. Nursing (for girls only)

Applications are invited in college office for admission to one Punjab State Gen. Category seat in **Post Basic B.Sc. Nursing** course till 5.00 pm upto 27.11.2012. Counselling will be held in the college office on 29.11.2012 from 11.00 am onwards. For details (Application form and instructions) log on to www.bfuhs.ac.in REGISTRAR

Detailed Instructions for admission to Post Basic B.Sc. Nursing Course
(One Left over Punjab State General Category seat)

- Candidates should be registered as RN/RM with State Nursing Council at the time of counseling.
- **Those who are already admitted must bring NOC from their college.**
- Candidates must bring all original certificates.
- Fee shall be deposited on the spot.
- Application form can be obtained by hand from this institute or can be downloaded from **website www.bfuhs.ac.in** Photocopy of the form is also acceptable.
- Complete applications with attested copies of all requisite certificates and demand draft of Rs. 1000/- from Central Bank of India or Punjab & Sind Bank **payable at Badal** or Punjab National Bank **payable at Lambi** drawn in favour of Principal, State Institute of Nursing & Para-Medical Sciences must reach in the office of the Principal, **State Institute of Nursing & Para-Medical Sciences, VPO Badal, District – Muktsar (Punjab)** till 27.11.2012 by 5.00 PM. (Preferably By Hand) Application received after the due date & time for any reason will not be considered.
- Eligibility of a candidate will be finalized at the time of counselling.
- Candidates must bring all the certificates in original at the time of counselling.
- All the selected candidates will have to deposit full fee on the day of counselling as per detail given below. SC category candidates in addition to their category certificate will have to submit an income certificate (income from all sources) issued by the tehsildar/Naib Tehsildar to claim for Post Matric Scholarship Scheme.

Fee Structure

| Sr. No | Head under which fee is charged | Amount in Rs. |
|--------|---|-----------------|
| 1. | Tuition Fee | 11000/- |
| 2. | Admission Fee | 1000/- |
| 3. | Student Fund | 3000/- |
| 4. | Dilapidated Fund | 3000/- |
| 5. | Medical Fund | 1000/- |
| 6. | Hostel fee | 15900/- |
| 7. | Security (Refundable) (First year only) | 1000/- |
| | Total | 35,900/- |

- **In addition to the above Rs. 1500/- per annum will be charged as transportation charges.** The above fee structure is subject to revision by the Pb. Govt./BFUHS, Fdk from time to time.

STATE INSTITUTE OF NURSING AND PARA MEDICAL SCIENCES, BADAL

Application Form for admission to Post Basic B.Sc. Nursing Session 2012-13

Complete applications with attested copies of all requisite certificates and demand draft of Rs. 1000/- from Central Bank of India or Punjab & Sind Bank payable at Badal or Punjab National Bank payable at Lambi drawn in favour of Principal, State Institute of Nursing & Para-Medical Sciences must reach in the office of the Principal, State Institute of Nursing & Para-Medical Sciences, VPO Badal, District - Muktsar (Punjab) till 27.11.2012 by 5.00 PM. (Preferably By Hand) Application received after the due date & time for any reason will not be considered.

Affix recent
Attested
Passport size
colour
Photograph
here

1. Name (IN BLOCK CAPITALS)
2. Father's Name (IN BLOCK CAPITALS)
3. Mother's Name (IN BLOCK CAPITALS)
4. Category Names with Codes: Code
 Code
 Code
 Code
5. Annual income of parents from all sources Rs.
6. Sex: Male ☐ Female ☐
7. Date of Birth Day Month Year
8. Address for Correspondence

 Cell/Telephone No. (Fax No., if any)
9. Permanent Home Address
10. Tick ✓ Residence Status Punjab State ☐ Other State ☐

11. Academic/Professional Qualifications

| Exam. | Board/University | Roll No. | Year | Subjects | Marks | | |
|-------|------------------|----------|------|----------|-------|----------|---|
| | | | | | Max | Obtained | % |
| 10 | | | | | | | |
| 10+2 | | | | | | | |
| GNM | | | | | | | |

12. Professional Experience :

| Name of Office/Department | From | To | Total Experience |
|---------------------------|------|----|------------------|
| | | | |
| | | | |

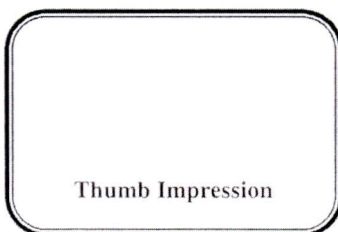
13. Details of fee paid - Amount Demand Draft No. Dated
 Bank City/Place

14. GNM from Punjab ☐ Outside Punjab ☐
 If from out of Punjab then are covered under exemption
 (If covered under exemption then mention the sub clause of
 clause 4 of Punjab Govt. Notification Yes ☐ No ☐

15. Undertaking and pledge by the candidate:-

- a) I hereby certify that the entries made by me in this form are correct to the best of my knowledge & belief and I have not concealed any information in any manner.
- b) The Certificate submitted to for admission to this course found fake at any time of the course. I may be terminated from the course
- c) I agree to observe and abide by all the rules and regulations of the Institution in which I may be admitted, including those with regard to programme of studies, syllabus, scheme of examination, examination rules and the hostel rules that may be laid from time to time by Baba Farid University of Health Sciences and /or institution during the period of my studies and I will not associate myself with any activity prejudicial to the discipline of Institution.
- d) I fully understand that for any violation or infringement of these rules and regulations, disciplinary action can be taken against me by the authorities which may include cancellation of the candidature.
- e) I certify that I am not involved in any illegal activity and no criminal case is pending against me in any court of law.
- f) I understand that if at any stage, it is found that I have provided any wrong information/committed any fraud to seek admission, my admission shall stand cancelled automatically and I shall have no claim whatsoever, on the seat or the dues paid to the Institution and I & my parents shall be liable for criminal proceedings.
- g) I certify that I have not passed the qualifying examination from more than one Board/University/any other examining body.

- Male candidate shall affix
their Left Thumb Impression
- Female candidate shall affix
their Right Thumb Impression



FULL Signature of the Candidate

Date _____

Undertaking by Parent/Guardian

- (a) I certify that my son/daughter/ward Mr./Ms. _____ has submitted this application with my knowledge and consent and that I hold myself responsible for his/her good conduct and his/her maintenance and any payment of fee during the stay at Institution. The entries made by him/her in the Admission Form are correct to the best of my knowledge and belief.
- (b) I certify that my son/daughter/ward Mr./Ms. _____ has not passed the qualifying examination from more than one Board/University/any other examining body.

Date:

Signature of Parent/Guardian

Name of Parent/Guardian _____

CHECKLIST OF ENCLOSURES

(attested copies of following certificates)

Checked by:

| | Candidate | University's Official |
|--|--------------------------|--------------------------|
| i) Certificate from the Head of the Institute where from passed GNM | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) Detail Marks Card of 10+1 & 10+2 | <input type="checkbox"/> | <input type="checkbox"/> |
| iii) Detail Marks Card of GNM examination | <input type="checkbox"/> | <input type="checkbox"/> |
| iv) Special training as per requirement | <input type="checkbox"/> | <input type="checkbox"/> |
| v) Character Certificate from Institution last attended | <input type="checkbox"/> | <input type="checkbox"/> |
| vi) Certificate in support of claim under reserved category | <input type="checkbox"/> | <input type="checkbox"/> |
| vii) Punjab Residence Certificate | <input type="checkbox"/> | <input type="checkbox"/> |
| viii) Demand Draft of Rs. 1000/- (in original) | <input type="checkbox"/> | <input type="checkbox"/> |
| ix) Undertaking in original (not availed any Residence benefit in any other state) | <input type="checkbox"/> | <input type="checkbox"/> |
| x) Gap year affidavit in original | <input type="checkbox"/> | <input type="checkbox"/> |
| xi) Matric or equivalent certificate for Date of Birth | <input type="checkbox"/> | <input type="checkbox"/> |
| xii) Professional Experience | <input type="checkbox"/> | <input type="checkbox"/> |
| xiii) RN/RM Certificate | <input type="checkbox"/> | <input type="checkbox"/> |