

Sr.No.2023/Adm/

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



**Application for obtaining
Equivalency/Eligibility Certificate**

For Office use only:

Received Rs./US\$ _____

Receipt No. _____

Dated _____

Cashier

(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.)

PPBNET-2023 Roll No: _____ PPBNET-2023 Marks: _____

- (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:

- 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.
- d. Candidate, who has passed qualifying examinations from foreign country, must submit a copy of approval from the Indian Nursing Council, Combined council Building, Kotla Road, Temple Lane, New Delhi-110002.

- 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.	8	Copy of Admit Card/ Result of PPBNET-2023

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

(For Office Use Only)

1. He/She has qualified the PPBNET-2023 with _____/_____ Marks/Percentage.
2. 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.
3. The candidate has passed the qualifying examination of GNM.
4. Eligible for admission to _____

5. Not eligible for admission since he/she _____

Jr. Assistant (Regn.)

Supdt.(Regn.)

In-charge (Admissions)