

## **Baba Farid University of Health Sciences**

Cost:-: Rs. 3000/-

## **FARIDKOT-151203**

## Application Form for admission to M.Sc.(Nursing) course (NRI quota) Session 2023

(Last Date of receipt of Application: without late fee: 18/07/2023

(Fee for applying for admission: US \$ 500 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.)

| 1. PMNET-2023 Rol 2. PMNET-2023 Mai                            |       |              |  |  |  |  |  |   |  |  | tteste |        |   |
|--|-------|--------------|--|--|--|--|--|---|--|--|--------|--------|---|
| Name of the Candida  | te    |              |  |  |  |  |  |   |  |  |        |        |   |
| 2. Sex: M F 4. Father's Name                                   | 3.    | Date<br>(dd/ |  |  |  |  |  | [ |  |  | <br>T  | ]<br>T |   |
| 5. Mother's Name   |       |              |  |  |  |  |  |   |  |  |        |        |   |
| 6. Name of the Guardian: (in case of Father/ Mother not alive) |       |              |  |  |  |  |  |   |  |  |        |        |   |
| 7. Permanent Address in  | India |              |  |  |  |  |  |   |  |  |        |        | _ |

| 8. | Postal | Address /           | Abroad   |  |                  |   |  |        |
|----|--------|---------------------|--|--|------------------|---|--|--------|
|    |        | Telepho             | ne No.   | (I I P )                                 |                  |   |  |        |
|    |        |                     | (Abro  | ad) _                                    |                  |   |  |        |
|    |        | E- 1                | Mail Addre   | SS _                                     |                  |   |  |        |
| 9. | (i)    |                     |  |  |                  |   | uivalent examination i                     |        |
|    |        | year                |  | _ under Roll No                          |                  | _from the Univers                         | ity/Institution                            |        |
|    | (ii)   | Whether             | qualifying   | examination pa                           | ssed as a re     | gular student of a                        | <br>University/College                     | Yes/No |
|    |        |                     | Year   | Marks/Grade<br>Obtained                  | Maximum<br>Marks |   |  |        |
|    |        |                     | 1 <sup>st</sup><br>2 <sup>nd</sup><br>3 <sup>rd</sup><br>4 <sup>th</sup> | Stamod                                   | Marke            |   |  |        |
|    |        |                     | Total  |  |                  |   |  |        |
|    | Eligib | lity:               |  |  |                  |   |  |        |
|    |        |                     |  | nave qualified en<br>nave passed B.S     | `                | ,   | ursing with minimum                        | 55%    |
|    | C.     | Should be council.  | e registere  | ed Nurse and Re                          | egistered mid    | I wife with any sta                       | te nursing registration                    |        |
|    |        | Should h<br>Candida | te after ad  | _  | . Nursing co     | at the time of joining urse shall have to | ng of the course<br>get registered with PI | NRC    |
|    | (iii)  | Name of             | Institution  | /College/Univers                         | sity             |   |  | _      |
|    | (iv)   |                     |  | tion is recognize<br>ch certificate if y |                  | d by INC?                                 | Yes/No                                     |        |
|    | (v)    |                     | University<br>attach Prod  | is recognized b                          | y INC            |   | Yes/No                                     |        |

| 10.NRI C  | Category under which                  | applying                    |                                  |                |  |  |  |  |  |
|-----------|---------------------------------------|-----------------------------|----------------------------------|----------------|--|--|--|--|--|
|           |                                       |                             | Please indicate the appropriate  | code)          |  |  |  |  |  |
| A) Plea   | se fill in appropriate                | applicable category code    | in the box. For determination    | of appropriate |  |  |  |  |  |
| cate      | gory applicable.                      |                             |                                  |                |  |  |  |  |  |
| Can       | didates can apply u                   | nder following categories   |                                  |                |  |  |  |  |  |
|           | The order of Preference is as under:- |                             |                                  |                |  |  |  |  |  |
|           | Category I :                          | NRIs who are having ance    | estral Punjab Resident backgro   | und.           |  |  |  |  |  |
|           | Category II :<br>Punjab               | NRIs who are having and     | estral background of state of In | dia other than |  |  |  |  |  |
| curre     | ency from their own N                 | IRI account/Parents NRI ac  |                                  | · ·            |  |  |  |  |  |
| Can       | didates are required                  | to attach the following     | documents/proof as is applied    | cable in their |  |  |  |  |  |
| resp      | ective case:                          |                             |                                  |                |  |  |  |  |  |
| i)<br>ii) |                                       |                             |                                  |                |  |  |  |  |  |
| I he      | reby solemnly decla                   | re that the statements made | de herein above are true to the  | ne best of my  |  |  |  |  |  |
| knowled   | dae and belief. Sho                   | ould the said information   | prove to be incorrect at an      | nv stage, mv   |  |  |  |  |  |
|           |                                       | M.Sc. course shall stand c  | •                                | ., cage,,      |  |  |  |  |  |
| Sign      | nature of the Father/ (               | Guardian of the candidate   | Signature of the                 | candidate      |  |  |  |  |  |

Date

Place

## **Enclosures : Attested Copies**

- 1. Copy Admit card/ Result of Entrance Test(PMNET-2023).
- 2. Copy of the certificate qualifying examination certificate.
- 3. Certificate that qualifying examination has been passed as a regular student from a recognized institution /university.
- 4. Statement of Marks/ Detail Marks Certificates
- 5. Eligibility Certificate indicating equivalence of B.Sc.(N)/ B.Sc.(N)- Post Basic from Baba Farid University of Health Sciences, Faridkot.
- 6. Date of Birth certificate
- 7. Character/Conduct certificate from the institution last attended.
- 8. Copies of the passport of Candidate/Parents in support of NRI proof.
- 9. Demand Draft/ Cashier's Cheque for US \$ 500 or equivalent in Indian Rupee and of Rs. 3000/additional if the form is downloaded.
- 10. Recognition Certificate of B.Sc. (Nursing)/Equivalent Degree from INC.
- 11. Experience Certificate