STATE INSTITUTE OF NURSING AND PARA MEDICAL SCIENCES, BADAL APPLICATION FORM FOR ADMISSION TO POST BASIC B.SC. NURSING COURSES SESSION 2019

PPBNET-19 Roll No.				Entrance Test Marks						
1. N	ame of the (Candidate	>							
2. F	ather's Nam	e								
3. C	Category applied for									
4. D	Date of Birth (dd/mm/yyyy)			Age as on 31.12.19						
5. A	ddress									
					State Mobile No					
5. 1	5. 10+2 Examination				School Name Passing Year/Session					
			Sta	ate		Passii	ig rear/ses	51011		
State_	StatePassing Y			ear: RN No RM No						
					M Marks	1				
GNIV	GNM First Year GNM Secon		nd Year	GNM Thi	rd Year	Internship Marks		Total marks in GNM including internship		
Mark		Marks	Max	Marks	Max	Marks	Max.	Marks	Max	
Obtain	ed Marks	Obtained	Marks	Obtained	Marks	Obtained	Marks	Obtained	Marks	
 10+2 DMC Diplo Regis Resis Certi Undo state Gap Exen Punj 	2 DMC Cs of all years oma Certifica stration Certificate dence Certificate ertaking (not e) Year Undertan option certificab	te of GNM ficate cate erved category availed reside aking cate in case GN	(ies), if annce benef NM is pass (<u>(to be</u>	oy it in any other sed form outsi OPTION FO e filled before	ide	ISSION on Committee)				
a) B)	been displa	yed outside as v	well as insi	de the Selection	on Committ	ee Room.		nittee and the s		
	Date : _		Гіте :				Signo	ature of the ca	ndidate	
MEMB	SER			MEME	BER			CHAIF	RPERSON	

Side: 2

Print this page on the backside of the first page. Use legal size page (8.5" x 14")

UNDER TAKING / DECLARATION

	S/D/O SI)							
Resid	dent of	Solemnly declare as under:-							
a.	That I am a citizen of India.								
b.	That I have not obtained the benefit of Residence in a	ny other State.							
c.	That I passed GNM examination in the year								
	any college. During this period I was not involved in an against me.								
d.	That my admission is purely Provisional at my own ri	sk & responsibility subject to production of original							
u.									
	certificates / documents at the college where selected for verification and thereafter verification by the BFUHS on receipt of registration return from the college concerned as also subject to Medical Fitness or								
	the basis of Medical Examination to be conducted by the concerned college.								
0		course at							
e.									
	(name of college and place)								
	and will leave this course before joining the present college in which I have been selected, I will also submit the proof in this regard to the present college authority after obtaining the same from the								
	concerned college.	lege authority after obtaining the same from the							
f.	That I have not passed the qualifying examination	from more than one Board/University/any other							
	Examining Body.								
g.	That if at any stage it is found that I have provided any wrong information or provided fake certificate 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 institute.								
h.	That if at any stage it is found that I have provided any wrong information or provided fake certificate 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 institute.								
i.	Undertaking: I undertake that if any deception/fraud committed by me/on my behalf in the PPBNET								
	2019, is detected by the University, my admission shall be cancelled and a criminal case shall be								
	registered against me and the persons involved in the	deception/fraud.							
j.	I undertake that if I have been found indulged in ragging in the past or in future, my admission may be								
	refused or I shall be expelled from the institution.								
_									
	Thumb lessesses								
	Thumb Impression								
	(Left in case of male/Right in case of female)	SIGNATURE OF CANDIDATE							