



Maharaja Krishnakumarsinhji Bhavnagar University

Gaurishanker Lake Road, Bhavnagar – 364001 Gujarat – India

(0278) 2430002/6/7, 2511565/66

Form No.

APPLICATION FORM FOR POST BASIC B.Sc. NURSING

1. Read all the instruction given in the Prospectus carefully before filling the form
2. Write with BLACK or BLUE ball point pen in boxes using English CAPITAL letters.
3. Do not make any stray marks on this form.
4. Submit photo copy of all the relevant documents along with this form.

Paste your recent
Colour Passport
size photograph
(Don't Staple)

Full Name
(AS GIVEN GNM CERTIFICATE) Surname Name

Father's Name

Mother's Name

Corres.Address

PIN CODE

Permanent Address

PIN CODE

RURAL URBAN

Parents Contact No.
STD CODE Phone No.

Mobile No.

Students Contact No.
STD CODE Phone No.

Mobile No.

Date of Birth
D D M M Y Y E A R

AGE Till 31 Dec. 2019

In Years

Gender : Male Female

Birth place

Occupation

Annual Income In Rupees

Caste

Sub caste

CasteCategory

Marital status: Married Unmarried

Contact Number
STD CODE Phone No.

Mobile No.

EDUCATIONAL INFORMATION

EXAM	NAME OF THE SCHOOL / COLLEGE	NAME OF THE BOARD / UNIVERSITY	PEC / FEC / T.C. No.	YEAR OF PASSING	STREAM	%	ATTEMPT
10							
10+2							
GNM							
Mention GNM %							

MEDIUM: GUJARATI ENGLISH

Marks obtained in the Examination (G.N.M) (Please include all three year mark sheet)

	I Year		II Year		III Year		Total Marks		External Aggregate % (up to three decimal point)
	Int.	Ext.	Int.	Ext.	Int.	Ext.	Int.	Ext.	
Total Marks									
Marks Obtained									
Percentage									

Month / Year of Passing G.N.M.-

Name of State Nursing Council																		Registration No.					
<input type="text"/>																		<input type="text"/>					
<input type="text"/>																		<input type="text"/>					
Total Nursing Experience										Details of Processing Fee						DD No. / Cash Receipt No.							
Year		<input type="text"/>		Month		<input type="text"/>		Paid <input type="checkbox"/> Cash <input type="checkbox"/> Demand Draft						<input type="text"/>									

Note: Demand Draft should be in the name of **“Chairman, Admission Committee for Post Basic B. Sc. Nursing”** payable at **Bhavnagar**.

DECLARATION

I hereby declare that the information furnished by me is correct and true to the best of my knowledge and belief. I have not suppressed any information. I am aware that I shall be liable to civil/criminal action by the Competent Authority against me, if any of information given by me is found to be incorrect and false.

Name and Signature of Parent/Guardian with date

Name and Signature of Candidate with date

OFFICE USE ONLY

Receipt No.:

Date:

Name and Signature of Receiver

Submit the Photo copy of below relevant documents along with this form.

1. S.S.C./H.S.C./ Equivalent Examination marks statement and certificate.
2. Year wise GNM mark sheets.
3. Registration Certificate
4. Experience certificate (If available)
5. Leaving certificate/Transfer certificate/Relieving certificate from the institution last attended.
6. Proof of Age certificate.
7. Domicile certificate.
8. Medical fitness certificate from a registered Medical Practitioner.
9. Caste certificates with latest criminal certificate.
10. Copy of Govt. Gazette in case of change in name.
11. Two Passport size recent colour photographs.
12. A candidate who is working government or private sector they have to produce NOC certificate of that institute.
13. Demand Draft should be in the name of **“Chairman, Admission Committee for Post Basic B. Sc. Nursing”** payable at **Bhavnagar**.