

GUJARAT UNIVERSITY

AHMEDABAD-380009

For Office Use Only	
Candidate Passed GNM from Nursing School	
Within Gujarat State	
Outside Gujarat State	

For Office Use Only	
Appl. Reg. No	
Status & Category	
Combined Merit No	
SC/ST/SEBC/EWS/Open Merit No	
PwD Merit No.	



FACULTY OF MEDICINE

RULES AND APPLICATION FORM FOR ADMISSION

To

POST BASIC B.Sc. NURSING COURSES 2022

AT THE POST BASIC B.Sc. NURSING COLLEGE/INSTITUTIONS AFFILIATED WITH
GUJARAT UNIVERSITY

(For Academic Year 2022)

(Price: Rs. 500-00)

GUJARAT UNIVERSITY
Ahmedabad – 380 009.

POST BASIC B.Sc NURSING COURSES 2022

FOR OFFICE USE ONLY
NOT TO BE FILLED IN BY THE APPLICANT

Candidate's Recent
Passport
Size Photograph
Attested
By Gazetted Officer/
Principal of College
with Clear Stamp

<p>1) Applicant Reg. No. _____ Name: _____</p> <p>2) Is Application complete regarding information & documents?</p> <p>3) Is Candidate applying for reservation category (SC/ST/SEBC/EWS) If Yes, than (Applied for Which Category)</p> <p>a. Is candidate eligible for it? b. Reservation Category</p> <p>4) Is candidate applying for loco-motor disability (PwD) category?</p> <p>a. Is candidate eligible for it (After Disability Certificate by Medical Board)? b. Category of candidate.</p>	<p>Yes / No.</p> <p>Yes / No.</p> <p>(SC/ST/SEBC/EWS)</p> <p>Yes/ No. SC/ST/SEBC/ EWS</p> <p>Yes/No.</p> <p>Yes/ No. SC/ST/SEBC/EWS /OPEN</p>
<p>Remarks By Authority:</p> <p>Name of Scrutiny Officer Date :</p> <p style="text-align: right;">Signature</p>	

OFFICE OF THE CHAIRMAN

Post Basic B.sc Nursing Admission Committee Year 2022
Gujarat University

Date: - - 2022

Candidate's Recent
Passport
Size Photograph
Attested
By Gazetted Officer/
Principal of College
with Clear Stamp

**APPLICATION RECEIPT
(For candidate)**

(To be produced at the time of Counselling)

Sr.No._____

Received the application form from Mr /Mrs/Miss.....

For admission to P.G. Nursing Course

Reg. No..... **Category:** OPEN / S.C. / S.T. / S.E.B.C./ EWS

(Signature).....

For, Chairman
Post Basic B.sc Nursing Admission Committee

Note :- Candidate's claim from caste SC/ST/SEBC/EWS category will be scrutinized by admission committee

OFFICE OF THE CHAIRMAN

Post Basic B.sc Nursing Admission Committee Year 2022
Gujarat University

Date: - - 2022

**APPLICATION RECEIPT
(For Office Use)**

Candidate's Recent
Passport
Size Photograph
Attested
By Gazetted Officer/
Principal of College
with Clear Stamp

Sr.No._____

Received the application form from Mr/Mrs/Miss.....

Reg. No..... **Category:** OPEN / S.C. / S.T. / S.E.B.C./ EWS

(Signature).....

For, Chairman
Post Basic B.sc. Nursing Admission Committee

Note: - Candidate's claim from caste SC/ST/SEBC/ EWS category will be scrutinized by
admission committee

Application No:

**GUJARATUNIVERSITY
Ahmedabad – 380 009.**

**Application form [A] for admissions to
POST BASIC B. Sc NURSING COURSES 2022
TO BE FILLED IN BY THE APPLICANT**

Candidate's Recent
Passport
Size Photograph
Attested
By Gazetted Officer/
Principal of College
with Clear Stamp

Full Name : _____		_____		_____	
(All in Capital)		First Name		Father Name	
_____		_____		_____	
Birth Detail ____/____/____		_____		_____	
Date		Place		City	
_____		_____		_____	
Sex : <input type="checkbox"/> Male-1 ; Female-2		PwD(PH) : <input type="checkbox"/> Yes-1 ; No-2			
Citizenship : <input type="checkbox"/> Indian-1 ; Other-2		Category OPEN SC ST SEBC EWS			
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
		<input type="checkbox"/> 5			

Correspondence Address	Permanent Address
_____	_____
_____	_____
_____	_____
City : _____ Pin: _____	City : _____ Pin: _____
State: _____	State: _____
Phone No. _____ (With STD Code)	Phone No. _____ (With STD Code)
Mobile No. _____	Mobile No. _____
Email : _____	Email : _____

Name of Council	_____
Name of College	_____

Name and address of Nursing School of Passing GNM Course	_____
Name of Nursing Council recognizing the above mentioned Nursing School	_____
Name of Nursing Council to which candidate is registered	_____
Title of Registration	_____
Registration number and Date of Registration	_____
Status	_____
Passed GNM course from Nursing School within Gujarat State	1
Passed GNM course from Nursing School outside Gujarat State	2

Form [A] Continue....

Professional Academic Qualification

Examination	Year of Passing	School/ College	Board/ University	Total Marks	Obtain Total Marks	%	No. of Attempt
First Year GNM							
Second Year GNM							
Third Year GNM							

Details of present Employment : Employed 'or' Not Employed
If employed then,

- (a) Designation : _____
- (b) Place of Working : _____
- (c) Date of Joining : _____

Undertaking by the Applicant

I, Mr/Mrs/Miss.....hereby declare that the information given in this application including accompaniments is true. If anything is found to be incorrect or false or misleading at any time, I understand that my admission shall be cancelled and I may be prosecuted, also I shall be ineligible to apply in future. I shall abide by the results.

Date:

Signature of Candidate

Accompaniments (List of documents) attested by gazetted officer

1. 3 rd , 2 nd , 1 st year Marksheets of GNM with all attempt mark sheets.	
2. Attempts Certificates of 3 rd , 2 nd , 1 st year of GNM	
3. Caste Certificate (Please attach 2 Xerox copies) for SC/ST/SEBC	
4. Non Creamy layer Certificate of financial year pertaining to the period of application. (Please attach 2 Xerox copies) from the competent authority as prescribed by the Govt. of Gujarat for SEBC.	
5. EWS Certificate issued by Competent authority of Government of Gujarat	
6. School leaving Certificate (Please attach 2 Xerox copies)	
7. Certificate regarding Medical Fitness.	
8. Registration Certificate of GNM course issued by respective State Nursing Council /State Nursing Board	
9. Receipt of Application for Registration at Gujarat Nursing Council/State Nursing Council/State Nursing Board	
10. For Male Nurse – Evidence of trained in INC approved training course in Midwifery, O.T. Technique, Ophthalmic Nursing, Leprosy Training, T.B. Training, Psychiatric, Nursing, Neurological & Neuro – Surgical Nursing, Community Health Nursing, Orthopedic Nursing.	
11. Course Completion Certificate from respective college/institute duly certified by Principal.	
12. Two Self –addressed envelope with postage stamp	

Remarks by Clerk verifying the certificates

Signature of Candidate

Name of Clerk & Signature

Application No:

GUJARATUNIVERSITY
Ahmedabad – 380 009.

Application form [B] for admissions to

POST BASIC B.Sc NURSING COURSES
TO BE FILLED IN BY THE APPLICANT

For Reserved Category Candidate:

Candidate's Recent
Passport
Size Photograph
Attested
By Gazetted Officer/
Principal of College
with Clear Stamp

Full Name : _____ (All in Capital) First Name Father Name Surname			
Birth Detail: ____/____/____ _____ _____ _____ Date Place City State			
Sex :	<input type="checkbox"/> Male-1 ; Female-2	PwD (PH) :	<input type="checkbox"/> Yes-1 ; No-2
Citizenship:	<input type="checkbox"/> Indian-1 ; Other-2	Category :	OPEN SC ST SEBC EWS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

Correspondence Address	Permanent Address
_____	_____
_____	_____
City : _____ Pin: _____	City : _____ Pin: _____
State: _____	State: _____
Phone No. _____ (With STD Code)	Phone No. _____ (With STD Code)
Mobile No. _____	Mobile No. _____
Email :	Email :

Name of University	_____
Name of College	_____

Signature of Candidate

Date: - _____

Remarks of Authority checking certificates: _____

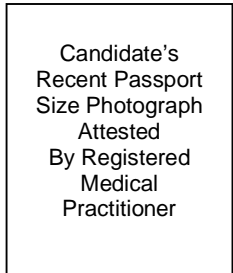
Date: - _____

Name of Authority & Seal

Signature

CERTIFICATE OF MEDICAL FITNESS

To,
The Registrar,
Gujarat University
Ahmedabad



This is to certify that I have conducted clinical examination of
Mr/Mrs/Miss. _____ Who is desirous of admission to
Post Basic B.Sc Nursing course of Gujarat University.
He/She was clinically examined by me thoroughly.

Identification mark. _____

As per my Clinical findings he/she is medically fit.

Comment of Registered Medical Practitioner: _____

Signature of Registered Medical Practitioner

Signature of candidate

Stamp of Registered Medical Practitioner

Name:

Registration No:

Date: