

**GUJARAT UNIVERSITY**  
**AHMEDABAD-380009**

<b>For Office Use Only</b>	
<b>Candidate Passed GNM from Nursing School</b>	
<b>Within Gujarat State</b>	
<b>Outside Gujarat State</b>	

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



**FACULTY OF MEDICINE**

**RULES AND APPLICATION FORM FOR ADMISSION**

**To**

**POST BASIC B.Sc. NURSING COURSES 2024**

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

(For Academic Year 2024)

**(Price: Rs. 500-00)**

**GUJARAT UNIVERSITY**  
Ahmedabad – 380 009.

**POST BASIC B.Sc. NURSING COURSES 2024**

**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 &amp; 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 Person with Disability (PwD) category? 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><b>Remarks By Authority:</b></p> <p><b>Name of Scrutiny Officer</b> <b>Date :</b></p> <p style="text-align: right;"><b>Signature</b></p>	

**OFFICE OF THE CHAIRMAN**

Post Basic B.Sc. Nursing Admission Committee Year 2024  
Gujarat University

Date:        -        - 2024

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 Post Basic B.Sc. 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 for SC/ST/SEBC/EWS category will be scrutinized by Admission Committee

**OFFICE OF THE CHAIRMAN**

Post Basic B.Sc. Nursing Admission Committee Year 2024  
Gujarat University

Date:        -        - 2024

**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 for 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 2024  
TO BE FILLED IN BY THE APPLICANT**

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

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

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

<b>Name of Council</b>	_____
<b>Name of College</b>	_____

<b>Name and address of Nursing School of Passing GNM Course</b>	_____
<b>Name of Nursing Council recognizing the above mentioned Nursing School</b>	_____
<b>Name of Nursing Council to which candidate is registered</b>	_____
<b>Title of Registration</b>	_____
<b>Registration number and Date of Registration</b>	_____
<b>Status</b>	_____
<b>Passed GNM course from Nursing School within Gujarat State</b>	1
<b>Passed GNM course from Nursing School outside Gujarat State</b>	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 <sup>rd</sup> , 2 <sup>nd</sup> , 1 <sup>st</sup> year Marksheets of GNM course of all attempts	
2. Attempts Certificates of 3 <sup>rd</sup> , 2 <sup>nd</sup> , 1 <sup>st</sup> year of GNM course	
3. Caste Certificate for SC/ST/SEBC	
4. Valid Non Creamy layer Certificate issued after 01/04/2022 by the competent authority as Prescribed by the Govt. of Gujarat – For SEBC Candidates.	
5. Valid EWS (Economical Weaker Section) certificate issued after 01/04/2022 by competent Authority as prescribed by the Govt. of Gujarat – For EWS Candidates	
6. School leaving Certificate/Birth Certificate/Transfer Certificate/Proof of Birth Date & Birth Place	
7. Certificate regarding Medical Fitness.	
8. Registration Certificate of GNM course issued by respective State Nursing Council /State Nursing Board	
9. <b>For Male Nurse (trained before the implementation of the new integrated course)</b> – 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,	
10. GNM Course Completion Certificate from respective college/institute duly certified by Principal	

**Remarks by Clerk verifying the certificates**

Signature of Candidate

Name of Clerk & Signature

## CERTIFICATE OF MEDICAL FITNESS

To,  
The Registrar,  
Gujarat University  
Ahmedabad

Candidate's  
Recent Passport  
Size Photograph  
Attested  
By Registered  
Medical  
Practitioner

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: