



HIMACHAL PRADESH UNIVERSITY
Summer Hill, Shimla – 171 005

Roll No.....
(Roll No. to be written by the Candidate)

Note: Please read the instructions carefully before filling up this form.

Table with 2 columns: B.Sc. Nursing, REGULAR: Rs. 1500.00, PVT./RE-APPEAR: Rs. 1550.00

FOR OFFICE USE ONLY

- A. Ineligible due to...
1. Late fee amounting to Rs. ... required.
2. Registration Number required
3. SC, ST, Handicapped, Lower Class Examination certificate required.
4. Government Service bonafide certificate required.
B. Diary No. ... Dated ...

University Cash Receipt
University/Bank Receipt
No. ...
Dated ...

APPEARING EXAM AND CENTRE DETAILS

- 1. Name of Examination (Class) B.Sc. Nursing ... (Year)
2. Examination Month ... Examination Year ...
3. Examination Centre Name/College Name ...

PERSONAL INFORMATION

- 1. Candidate's Name (as per Matric Certificate): ...
2. Candidate's Name in Hindi ...
3. Father's Name (as per Matric Certificate) ...
4. Father's Name in Hindi ...
5. Mother's Name (as per Matric Certificate): ...
6. Mother's Name in Hindi ...
7. Registration No. ... 8. Date of Birth: ...
9. State of Domicile ... 10. Category: ...

Affix Attested Photograph

PARTICULARS OF LOWER/LAST EXAMINATION

- 11. B.Sc. Nursing (Pass Course) Roll No. ... Month ... Year ...
University ... Exam Centre ... Exam Session ... (Attach Attested Photocopy of Marksheet)

12. If appearing simultaneously in the Compartment subject in the B.Sc Nursing (pass course or any other examination equivalent thereto mention Class \_\_\_\_\_  
 Subjects \_\_\_\_\_ Roll No. \_\_\_\_\_ Month \_\_\_\_\_  
 Year \_\_\_\_\_.

**APPEARING CAPACTIY DETAILS (THEORY)**

13. Subject in which to appear in the ensuing examination of B. Sc. Nursing (Pass Course) to be held in \_\_\_\_\_

B.Sc. Nursing _____ Year (Subjects)			
Course No	Name of the Paper	Course No.	Name of the Paper

14. Medium of Examination (English/ Hindi): \_\_\_\_\_

15. Whether Blind or Permanently disabled from writing or crippled? (Attach Certificate) \_\_\_\_\_

16. Date of Issue of Demand Draft/IPO (DD/MM/YY) \_\_\_\_\_

17. DD/IPO No. \_\_\_\_\_ 18. Name of Issuing Bank/Post Office \_\_\_\_\_

**CONTACT DETAILS**

19. Present Address: \_\_\_\_\_

\_\_\_\_\_ Mobile No. \_\_\_\_\_

20. Correspondence Address: \_\_\_\_\_

\_\_\_\_\_ Mobile No. \_\_\_\_\_

I solemnly declare that the above particulars filled in by me are correct and that in case of any discrepancy found therein, I shall be responsible for the consequences. I also certify that I have not been debarred to appear in the examination or any case of Unfair means is pending against me. I will not have any claim in case my examination form is rejected due to incomplete information including examination fee.

Date:

(Signature of Candidate)

**CERTIFICATE**

**For Regular Students:**

The candidate has attended not less than 75% lectures and obtained 20% marks in each subject in House Examination. The candidate fulfills the minimum eligibility criteria for appearing in the B.Sc Nursing, \_\_\_\_\_ examinations. I am satisfied to the best of my knowledge and belief that all the above mentioned particular and photograph are of the applicant who is the genuine candidate applying for B.Sc. Nursing.

Signature & Seal of Principal of College

**For Re-appear Students:**

1. The candidate is an ex-service man having served as \_\_\_\_\_ in Armed Forces from \_\_\_\_\_ to \_\_\_\_\_ and is bonafide resident of HP **OR**

The candidate is a regular employee of armed forces/ Paramilitary forces/State Govt./Autonomous Bodies and has completed three years of regular service as on 30<sup>th</sup> November of the preceding year. He is working as \_\_\_\_\_ (Designation) in this department and further certified that there is no Evening College at the place of his posting i.e. .... (Certified to be attached). **OR**

The candidate belongs to SC/ST category and is a resident of village \_\_\_\_\_ Tehsil \_\_\_\_\_ Distt. \_\_\_\_\_ (Certified to be attached) **OR**

The applicant is a women candidate and is a bonafide Himachali (Certificates to be attached) **OR**

The candidate has previously appeared in the examination under Roll No. \_\_\_\_\_ in Year \_\_\_\_\_ Month \_\_\_\_\_ as regular/private student and failed or was placed under compartment.

2. I am satisfied to the best of my knowledge and belief that all the above mentioned particular and photograph are of the applicant who is the genuine candidate applying for B.Sc. Nursing.

**Signature & Seal of Principal of College**

**GENERAL INSTRUCTIONS**

1. Incomplete Forms are liable to be rejected.
2. The candidates must paste two passport size photograph at the appropriate space provided on the Form and Admit Card and attach attested copies of certificates for verification of eligibility along with form this form.
3. The candidates must **write his/her correct address on the three self-stamped letter size envelopes and attach with this form.**
4. Examination fee once paid is neither refundable nor adjustable in any subsequent examination unless the office finds the candidates ineligible to appear in the examination.

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## ADMIT CARD

PROVISIONAL

Roll No. \_\_\_\_\_

**(Roll No. to be written by the Candidate)**

(To be filled in by the Candidate)

**Affix your latest  
colour attested  
passport size  
photograph.**

**Do not staple**

Admit (Name of the Candidate) \_\_\_\_\_

son/ Daughter of Sh. \_\_\_\_\_

to the B. Sc. Nursing (Pass Course) \_\_\_\_\_ Year Examination to be held in  
\_\_\_\_\_ 201\_\_\_\_\_ on the dates as given in the  
Date Sheet at Centre of Examination \_\_\_\_\_

Signature of Candidate

**Controller of Examinations  
Himachal Pradesh University.**

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