

SELECTION
COMMITTEE
APPLICATION



DD No	Name of Bank	Date	Amount

A.R No:
(To be assigned by the Selection Committee Office)

**ADMISSION TO POST BASIC B.Sc.(Nursing) COURSE 2016-2017 SESSION
APPLICATION FORM
SELECTION COMMITTEE
DIRECTORATE OF MEDICAL EDUCATION**

1. Name in Block Letters
(Initial at the end) :

2. Address for Communication :
.....
.....
.....
.....

SPACE FOR
PHOTOGRAPH WITH
NAME AND DATE
(TO BE ATTESTED
BY GRADE A / B
OFFICERS OF
CENTRAL / STATE
GOVERNMENTS)

PIN CODE

Phone / Mobile No. :

4. Sex : (Encircle a code)

MALE	FEMALE	TRANSGENDER
1	2	3

3. Name of Parent / Guardian :

5. Nationality : (Encircle a code)

INDIAN	OTHERS
1	2

6. Nativity :
(Encircle a code)

6 a. Details of Education:
(Encircle a code whichever is applicable)

TN	OTHERS
1	2

Studied HSC (+1 & + 2) & Dip. Nursing in TN	Studied HSC (+1 & + 2) & Dip. Nursing in other state
1	2

7. Date of Birth

DATE		MONTH		YEAR	

8. Community (Encircle a code)

OC	BC	BCM	MBC/DC	SC	SCA	ST
1	2	2A	3	4	4A	5

9. Caste Code :

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Refer list of Communities
(For "OC" use code 500)

10. Name of the Caste:

11. Religion :

12. Mother Tongue :

13(a)

Marks in the board examination (all subjects from first year to final year) in Diploma in Nursing course including Internship mark(IF Applicable)		
	OBTAINED MARKS	MAXIMUM MARKS
1 st Year		
2 nd Year		
3 rd Year		
Internship		

(b) Marks obtained in the Midwifery / Psychiatry Examination of Diploma in Nursing

Maximum Marks	Marks Obtained

(c) Number of attempts in the final year Diploma in Nursing Examination :

14. a. Date of passing Diploma in Nursing :

b. Total number of completed years after passing Diploma in Nursing as on 31.05.2016 :

15. Nursing Council Registration number :

Nurse

Midwifery

16 MARKS IN THE HSC EXAM ; (Except languages)

SUBJECT	MAXIMUM MARKS	MARKS OBTAINED	PERCENTAGE
TOTAL			

17. District Code (as given in the Prospectus) :

Native District	District in which School / Diploma in Nursing Studied

18. a. Present Occupation (Please Tick ✓)

: Govt. Service / Private

b. If Service candidate, date of appointment in Regular Time Scale :

Date	Month	Year

19. Are you applying for Orthopaedically Physically Disabled Category

: Yes / No

Date :

Station :

Signature of the Candidate

SERVICE PROFORMA :**(To be filled by the forwarding authority)**

1	Name of the Candidate					
2	Designation					
3	Date of entry into Government Service					
4	Date of completion of two years of regular continuous service					
5	Total Service as on 31.05.2016					
6	Whether selected by Govt. (or) other Agency (Specify)					
7	Name of the appointing authority					
8	Service status	Temporary	Probationer	Approved Probationer		
9	Status of the Institution	State Govt.			Local Bodies	
10	Complete Service particulars till date (May be furnished in a separate sheet in the format duly signed by the forwarding authority)	Sl No	Post	Place	From	To
11	Whether the candidate is under any subsisting contractual obligation, if so give details.					
12	Whether the candidate is working under the control of :	DME	DMS	DPH	OTHERS	
13	Station in which the candidate is presently working and address.					

Date :

Office Seal :

Signature of the Forwarding Officer with Seal
Office Phone / Fax Numbers**Note:** The above particulars should be verified scrupulously and in the event of any misinformation found later, the forwarding officer will be held responsible.

DECLARATION BY THE APPLICANT & PARENT

I(Name in Full & in Block Letters) Son/ Daughter / Ward of an applicant for Post Basic B.Sc (Nursing) course 2016-2017 session hereby solemnly declare that I have not claimed dual nativity in this regard and I belong to(Community) and sub caste I also declare that the information and the statements given in the application, Scrutiny sheet and enclosures are true, correct & complete. I further declare that if it is found otherwise, I will be liable to forfeit the seat and / or be removed from the rolls of the institution at whatever stage of study, I may be, besides making me liable for criminal prosecution.

I(Name in Full & in Block Letters) Father/ Mother / Guardian of an applicant for Post Basic B.Sc (Nursing) course 2016-2017 session hereby solemnly declare that I am fully aware of the above declaration & the particulars furnished are correct. I declare that if it is found otherwise my ward will be liable to forfeit the seat and also be liable for criminal prosecution.

Signature of the Parent/ Guardian

Signature of the Candidate





**POST BASIC B.SC NURSING 2016-2017 SESSION
SPECIAL CATEGORY FORM**

S. NO	Category of Special Reservation
1	ORTHOPAEDICALLY PHYSICALLY DISABLED

ARNO:
(To be assigned by Selection Committee)

1. Name of the Candidate:.....

2. Address:.....
.....
.....
.....
Pincode:..... **Mobile:**.....

3. Details of Demand Draft

D.D .No	D.D Date	Amount	Details of Bank

4. Certificates of Physically Disabled Category enclosed : YES / NO

Signature of the candidate

(For instructions see overleaf)

Instructions

1. The Special Category form is to be sent along with the application in the same cover.
2. Put [✓] in the relevant box in the outer cover.
3. Candidate should enclose a DD for 100/- drawn in favour of "The Secretary. Selection Committee, Kilpauk" payable at Chennai. The Name of the Candidate, Application No. & Address should be written on the reverse of the DD.
4. Candidates should enclose medical certificate for orthopaedically physically disabled and certificate of locomotory disability certificates obtained from the Competent Authority.
5. Application without a DD for 100/- and without the relevant certificates will be summarily rejected without intimation to the candidate.

Table showing the Category of the Special Category and number of seats

Category of Special Reservation	NO OF SEATS
ORTHOPAEDICALLY PHYSICALLY DISABLED	3% OF TOTAL SEATS

*G.O. (Rt) No 145, HE (J1) Dept. dt. 16.05.2008

To be pasted on outer



**TO BE SENT TO THE SECRETARY, SELECTION COMMITTEE IN PERSON/ BY REGD. POST /
SPEED POST / COURIER SERVICE**

**APPLICATION FOR ADMISSION TO
POST BASIC B.SC., NURSING COURSE (DIPLOMA IN NURSING COMPLETED
CANDIDATES ONLY)
2016-2017 - SESSION**

**COMMUNITY
(CIRCLE THE
CORRECT NUMBER)**

OC	BC	BCM	MBC/DNC	SC	SCA	ST
1	2	2A	3	4	4A	5

SPECIAL CATEGORY

YES	NO
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From: (Candidate's mailing address)

.....
.....
.....
.....
.....

PINCODE:

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**To
The Secretary,
Selection Committee,
162, Periyar E.V.R.High Road,
Kilpauk, Chennai- 600 010.**