



D 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

Name in Block I (Initial at th)		:								
2 . Address for Co	mmunication	:							SPACE F PHOTOGRAP NAME AND	H WIT
									(TO BE ATTI	A/B
									OFFICERS CENTRAL / S GOVERNME	STATE
PIN CODE						4. Sex	: (Enciro	le a c	ode)	
Phone / Mobile	No. :					MALE	FEMALE	TR	RANSGENDE	ĒR
						1	2		3	
3. Name of Parent	/ Guardian :					5. Na	ationality :	(Encir	cle a code)	
							INDIAN	0	THERS	
6. Nativity : (Encircle a code)			etails of Ed	lucation: whichever is	annlid	rable)	1		2	
		·		C (+1 & + 2)			ISC (+1 &	+ 2)	7	
TN OTHERS			Dip. Nurs		&		rsing in oth			
1 2			1			2	2		-	
	DATE	MONTH	YE	AR					_	
7. Date of Birth				:						
			0 0014	Luborbo		1004				
8. Community (Enc	ircle a code)	OC B	C BCM	MBC/DC	SC	SCA	ST			
9. Caste Code :		1 2	2A	3	4	4A	5			
		list of Com OC" use co								
10 . Name of the C	 aste:									

OBTAINED MARKS MAXIMUM MARK 1st Year 2st Year 3st Year	11. Religion	:		12. Mother T	ongue :			
1st Year 2rd Year 3rd Year	13(a)							oloma in
Columber of attempts in the final year Diploma in Nursing Maximum Marks Marks Obtained	_			OBTAINED	MARKS		MAXIMUM	MARKS
Subject Maximum Marks Marks Obtained	-	1 st Year						
Internship	_							
(b) Marks obtained in the Midwifery / Psychiatry Examination of Diploma in Nursing (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 MAXIMUM MARKS MARKS OBTAINED PERCENTAGE Norsing Studied 17. District Code (as given in the Prospectus): Native District District in which School / Diploma in Nursing Studied S. a. Present Occupation (Please Tick /) b. If Service candidate, date of appointment in Regular Time Scale 9. Are you applying for Orthopaedically Physically Disabled Category Date:	_							
Examination of Diploma in Nursing (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 17. District Code (as given in the Prospectus) : Native District Subject Nursing Studied Nursing Studied Subject Footal District in which School / Diploma in Nursing Studied Subject Footal District in which School / Diploma in Nursing Studied Subject Footal District in Which School / Diploma in Nursing Studied Subject Footal District District District in Which School / Diploma in Nursing Studied Subject Footal District District District District in Which School / Diploma in Nursing Studied Subject Footal District District District District in Which School / Diploma in Nursing Studied Subject Footal District District District District in Which School / Diploma in Nursing Studied Subject Footal District District District District in Which School / Diploma in Nursing Studied Subject Footal District District District District in Which School / Diploma in Nursing Studied Subject District District District District in Which School / Diploma in Nursing Studied Subject District District District District District in Which School / Diploma in Nursing Studied Footal District Distri		Internship						
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Midwifery 16 MARKS IN THE HSC EXAM; (Except languages) SUBJECT	passin 31.05.2	g Diploma in Nursing as on : 2016						
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SUBJECT MAXIMUM MARKS MARKS OBTAINED PERCENTAGE	M	/lidwifery						
17. District Code (as given in the Prospectus) : Native District District in which School / Diploma in Nursing Studied	16 MARKS IN		M	AXIMUM MARKS	MARKS (DBTAINED	PERCENTA	GE
17. District Code (as given in the Prospectus) : Native District District in which School / Diploma in Nursing Studied								
17. District Code (as given in the Prospectus) : Native District District in which School / Diploma in Nursing Studied								
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8. a. Present Occupation (Please Tick ✓) b. If Service candidate, date of appointment in Regular Time Scale 9. Are you applying for Orthopaedically Physically Disabled Category Date:		TOTAL						
b. If Service candidate, date of appointment in Regular Time Scale : Date Month Year 9. Are you applying for Orthopaedically Physically Disabled Category : Yes / No Physically Disabled Category	17.District Co	ode (as given in the Prospectus) :		Native District			nool / Diplom	na in
in Regular Time Scale Date Month Year 9. Are you applying for Orthopaedically Physically Disabled Category Date:	18. a. Present Occupation (Please Tick ✓)			: Govt. Service / Private				
Physically Disabled Category Date :					Date	Month	Year	
Physically Disabled Category Date :								
				: Yes/No				
Station : Signature of the Candidate	Date :							
	Station :			S	ignature o	of the Cand	idate	

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	S	tate	Gov	i.	Lo	ocal .	Bodies
10	Complete Service particulars till date (May be furnished in a separate sheet in	Sl No	Po	ost	Place	From	1	То
	the format duly signed by the forwarding authority)							
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

of	pplicant for Post Basic B.: have not claimed dual na and sub caste In the application, Scrutiny nat if it is found otherwise, ne institution at whatever si on. (Name in Full & in	Sc (Nursing) course 2016-20 tivity in this regard and I belo I also declare that to sheet and enclosures are tru I will be liable to forfeit the setage of study, I may be, beside Block Letters) Father/ Motherst Basic B.Sc (Nursing) course of the above declaration & to	17 ng he ae, eat es r / se he
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 Se	election Committee)		
1.Name of the Candid	ate:		
2. Address:			
Pincode:		Mobile:	•••••
3. Details of Demand	Draft		
D.D .No	D.D Date	Amount	Details of Bank
4. Certificates of Phys	sically Disabled Catego		YES / NO ature of the candidate
	(For instruction	ns 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

SCRUTINY FORM INSTRUCTIONS TO FILL UP SCRUTINY FORM 1 NAME 1.To be filled by the candidates as per the entries made in the application form and returned **ADDRESS** 2. Use only Blue color Ball Point Pen for ticking and writing 3. Put tick mark () in the correct gray color boxes 4. Write inside the white box, wherever writing is required Paste here firmly PINCODE: your recent Mobile No. Photography 4cm x 3 Name of the parent / guardian 5cm which name & date 4 Sex 1.M 3.TG 5 Nationality 1. Indian 2. Others 6 Nativity 2. Others 6a. Details of 2 Education 2A.BC 3.MBC/DNC 7 Date of Birth 8 Community 1.00 2.BC 4.SC 4A.SCA 5.ST 9 Name of the Caste: 10 Caste Code 11 Religion with code: 12 Mother Tongue: Marks obtained in the Board Examination (All Subjects **Maximum Marks Marks Obtained** 13a from first year to final year in Diploma in Nursing course(Including Internship mark(if applicable)) Maximum Marks Obtained Mark 13c. No. of attempts in the Marks Obtained in the Psychiatry/ Midwifery Examination final year Diploma in **Diploma in Nursing Course Nursing Examination** 14a Date of Passing Diploma in Nursing 14b. Total No. of completed years after passing Diploma in Nursing as on 31.05.2016 15 Nursing Council Registration No. Midwifery 16 Marks in HSC (Exept Language) SUBJECT1 SUBJECT2 SUBJECT3 SUBJECT4 Subject **Maximum Marks Marks Obtained** Percentage 17 District Code 18a 18b. If service candidate date of Appointment in District in which regular time of scale of **Govt. Service Native District** school / Diploma in **Nursing studied** 19 Are you applying for Orthopaedically 2. private **Physically Disabled category** Yes No I sincerely affirm that the information furnished above are true Station

Signature of the Canidate written the box

ADMISSION TO POST BASIC B.Sc. (NURSING) 2016 - 2017 SESSION

Date



TO BE SENT TO THE SECRETARY, SELECTION COMMITTEEE 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)

SPECIAL CATEGORY

YES

NO

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

From: (Candidate's mailing address)	
	To
	The Secretary,
	Selection Committee,
	162, Periyar E.V.R.High Road
	Kilpauk, Chennai- 600 010.
PINCODE:	