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હેમચંદ્રાચાર્ય ઉત્તર ગુજરાત યુનિવર્સિટી, પાટણ. Hemchandracharya North Gujarat University, Patan.

| CERT & ATMA | (University Ro | ad, Post Box | No. 21, Patan | -384 265.) | | | |
|--|---------------------------|------------------------------------|-------------------|--|--|--|--|
| Applicatio | on form for Adn | nission to Pos | t Basic B.Sc. N | Nursing Course | | | |
| Read all the instruction given in t BLACK or BLUE ball point pen in stray marks on this form. Submi form. | boxes using English | CAPITAL letters. | Do not make any | | | | |
| 1. Candidates Name (As given in G | G.N.M. Certificate) | | | 5. Photograph of the Candidate | | | |
| | | | | | | | |
| | | (| | Paste recent passport | | | |
| 2. Father's Name/ Husband's Nam | | size photograph duly | | | | | |
| 3. Mother's Name | | | | attested by gazette officer. | | | |
| | | | | | | | |
| 4. Candidate's Complete Address | for Correspondence | गुजरात कृत्रि | ~ | | | | |
| | T ARE | RUNA | 10 M | | | | |
| | 181/08 | | 144 | Signature of Candidate | | | |
| | -14003 | | AL21 | 6. Sex 🗌 Male 🗌 Female | | | |
| Aadhar | 1 1 1 | Pin | | 7. Category | | | |
| No. State | | Code | | ☐ General ☐ SEBC □ SC □ ST | | | |
| | | | | □ Other | | | |
| 8. Contact | | <u>7806</u> | | | | | |
| S.T.D. Tele Code No. | phone | | Iobile No. | | | | |
| E-mail ID | | | | | | | |
| 9. Date of Birth | 10. Information | n of XII (HSC Exa ream 🛛 Arts S | , | ar of Passing Percentage | | | |
| Day Month Year | | | Mont | h Year | | | |
| 11. Year of Passing G.N.M. | 12. Marks obtained in | n the Examination | (GNM) (Please inc | lude all three year mark sheet) | | | |
| Month Year | Anna anna anna an | I Year II Year III Y | | Marks Aggregate % | | | |
| 13. Examination | | Int. Ext. Int. | Ext. Int. Ex | t. Int. Ext. (up to three decimal point) | | | |
| Board/University: | Maximum Marks | | | | | | |
| | Marks Obtained | | | | | | |
| | Percentage | | | | | | |
| 14. Name of State Nursing Counci |] | | | 15. Registration No. | | | |
| | | | | | | | |
| | | etails of processing | | | | | |
| 16. Total Nursing Experience Year Month | DD No. / Cash Receipt No. | | | | | | |
| | | | | | | | |
| I hereby declare that the information furnished by me is correct and true to the best of my knowledge and belief. I have not suppressed any information. I am aware that I shall be liable to civil/criminal action by the Competent Authority against me, if any of information given by me is found to be incorrect and false. | | | | | | | |
| | | | | | | | |

| Name and | ame and Signature of Parent/Guardian with date | | | | | | Name and Signature of Candidate with date | | | | |
|-----------------|--|----|--|-----|-------|--|---|-----|----------|--|----------------------------------|
| OFFICE USE ONLY | | | | | | | | | | | |
| | | ГТ | | 1 1 | | | | T T | <u> </u> | | |
| Receipt No.: | | | | | Date: | | | | | | Name and Signature of Receiver |
| | | | | | | | | | | | Funite und Signature of Receiver |

Submit the Photo copy of below relevant documents along with this form.

- 1. S.S.C./H.S.C./ Equivalent Examination marks statement and certificate.
- 2. Year wise GNM mark sheets.
- 3. Registration Certificate
- 4. Experience certificate (If available)
- 5. Leaving certificate/Transfer certificate/Relieving certificate from the institution last attended.
- 6. Proof of Age certificate.
- 7. Domicile certificate.
- 8. Medical fitness certificate from a registered Medical Practitioner.
- 9. Caste certificates with *latest crimiliar certificate*.
- 10. Copy of Govt. Gazette in case of change in name.
- 11. Two Passport size recent color photographs.
- 12. A candidate who is working government or private sector they have to produce NOC certificate of that institute.