



# KADI SARVA VISHWAVIDYALAYA, Gandhinagar

A University Established Vide Gujarat State Act 21 Of 2007 & Recognised By UGC

## ADMISSION TO POST BASIC B.SC., NURSING PROGRAMME FOR THE ACADEMIC YEAR 2010-11

Kadi Sarva Vishwavidyalaya, Gandhinagar A University Established Vide State Act of Gujarat & Recognised By UGC Invites Application For Admission To Post Basic B.Sc., Nursing Programme (approved By Indian Nursing Council & Gujarat Nursing Council) For The Academic Year 2010-11 In Its Constituent College "**CHANCHALBEN MAFATLAL PATEL COLLEGE OF NURSING**", Civil Hospital Premises, Sector 12, Gandhinagar, Gujarat-382012, Phone: 079-23246606

**Programme Duration** : 2 Years. • **Intake** : 30 Seats • **Reservation of Seats** : As per Government of Gujarat Guidelines on Reservations for SC/ST/SEBC • **Eligibility Criteria** : (1) Passed the Higher Secondary or Senior Secondary or Intermediate or 10+2 or an equivalent examination recognised by the university for this purpose. (2) Obtained a certificate in **General Nursing and Midwifery (GNM)** and registered as R.N.R.M. with the State Nurses Registration Council. (3) Candidates shall be medically fit. • **Selection Process** : Candidates will be selected on the basis of their marks in the qualifying examination i.e., GNM

Interested candidates can download the application form from university's website [www.ksvuniversity.org.in](http://www.ksvuniversity.org.in) or can obtain the form personally from the nursing college at the address mentioned above **on payment of cash of Rs.200/-**. The completed application forms should be submitted in the college office by 5-00 p.m. On 05-08-2010. Those candidates who download the application form from the website should have to pay the application fee through a dd payable at gandhinagar in favour of kadi sarva vishwavidyalaya, gandhinagar.

**REGISTRAR**

# KADI SARVA VISHWAVIDYALAYA - GANDHINAGAR

(A UNIVERSITY ESTABLISHED VIDE STATE ACT OF GUJARAT AND RECOGNISED BY UGC)

## APPLICATION FORM FOR ADMISSION INTO POST BASIC B.Sc., (NURSING) COURSE FOR THE YEAR 2010-11

Registration No. \_\_\_\_\_

LAST DATE TO SUBMIT THE FILLED IN APPLICATION FORM IS BY 5.00 PM ON 05-08-2010

Affix the Latest  
Photo graph  
attested by  
Gazetted Officer  
/ Principal

**1. Name of the Candidate (IN BLOCK LETTERS)**

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**2. Father's Name:**

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**3. Address for Communication:**


**4. Nationality:** \_\_\_\_\_  
**No.** \_\_\_\_\_

**Mobile**

**Date**

**Month**

**Year**

**5. Date of Birth:**

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**6. (a) Reservation claimed:**

Open	SEBC	SC	ST
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**(b) Claiming Physically Challenged reservation (PH):**

Yes	No
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**7. Particulars of GNM Course:**

a) Date of Registration: \_\_\_\_\_

b) Name of Council: \_\_\_\_\_

c) Registration Number 

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d) Name of School of Nursing: \_\_\_\_\_

Course	No. of Attempts	Year of Passing	Maximum Marks	Marks Obtained
GNM (1 <sup>st</sup> year)				
GNM (2 <sup>nd</sup> year)				
GNM (3 <sup>rd</sup> year)				
GNM(Internship)				

e) Total percentage 1<sup>st</sup> year to 3<sup>rd</sup> year (upto two decimal places): \_\_\_\_\_

8. a) Passed 12<sup>th</sup> Class  
or Equivalent

YES	NO
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b) Qualifying  
Examination  
:

12 <sup>th</sup> Class or Equivalent (General)			12 <sup>th</sup> Class or Equivalent (Science)		
Marks Obtained	Maximum Marks	Percentage	Marks Obtained	Maximum Marks	Percentage

Total Marks  
(All  
Subjects):

9. Particulars of Study :

Sl. No.	Year	Class	Name of the School	District
1		SSC		
2		HSC		
3		GNM		

10. Details of Demand Draft:

(1) D.D Number \_\_\_\_\_ (2) Bank \_\_\_\_\_

(3) Place \_\_\_\_\_ (4) Amount \_\_\_\_\_ (5) \_\_\_\_\_

Date \_\_\_\_\_

### DECLARATION

I here by affirm that the statements made and information furnished by me in the application form and also in all the enclosures thereto submitted by me are true and correct. I have not kept any information secret. Should it however be found that any information furnished therein is fraudulent, incorrect or and true in material particulars, I realize that, I am liable to criminal processions and also agree to forgo my seat in the college. Further, that the selection and admission to the course is liable to be cancel. I shall abide by the decision of the nursing admission committee and of the Registrar, Kadi Sarva Vishwavidyalaya, Gandhinagar. The final decision shall be binding on me.

SIGNATURE OF FATHER / GUARDIAN

SIGNATURE OF THE APPLICANT