

### OFFICE OF THE PRINCIPAL GOVERNMENT B.SC. NURSING COLLEGE SRINAGAR-190001 E-mail:conshreenbagh@gmail.com

NOTICE

The student selected in respect of Government B.Sc. Nursing College Deewan Bagh, Srinagar for undergoing Post Basic B.Sc. Nursing Course vide Notification No. 124-BOPEE of 2025 Dated: - 11-09-2025 are hereby informed to produce the documents attached at Annexure "A". However the students have to deposit their admission fee later on.

> Government B.Sc. Nursing College Srinagar

1 Notel

NO: CON/PMS/ 1733-35 Dated: - 13 -09-2025.

Copy to the:-

1. Principal/ Dean Govt. Medical College Srinagar for information.

2. Nodal Officer Govt. B.Sc. Nursing College Srinagar for information.

3. IT Incharge Govt. Medical College Srinagar for uploading the same on official website of Govt. Medical College Srinagar.

### ANNEXURE " A"

# GOVERNMENT B.Sc. NURSING COLLEGE, SRINAGAR FORMAT OF APPLICATION FOR ADMISSION TO 02 YEARS B.Sc. Post Basic B.Sc. Nursing

2. S/o,	e: D/o:						
3. Pern	nanent Address:					n ping	
		Village	Mohalla			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
4. Tehs	il	Distt:	Monana	Hilly and the			
5. Pin:_	Ger	nder	M-9	Status	V.		
6. Addı	ress for Correspo	ondence:		statas_			
7. Ema	il Address:			Mobile	/ Phone	e No.	
8. Cate	gory:	Category	selected	in BOP	EE List		
9. D.O.I	B	Blood Gro	up				
10. Ins	titution last atter	nded:				50	
11. Dat	te of Joining Post	Basic B.S	c. Nursing	Cours	e:		
12. J&F	K BOPEE Notifica	tion No.:_			Q. Asia	Dated:	
	lo. in BOPEE Not						
	ether Registered					1 11 1 1	in the state of the state
Uni	iversity of Kashm	nir Registr	ation No.			Trade Construction	
15. Do	cuments enclose	d in origin	al with 04	4 self- a	attestec	Xerox copies.	
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	Marks card of final						
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-	isional cum Charact icile Certificate	er/Transie	r certificate	irom ir	istitutioi	i last attended.	
	cal fitness certificat	e From CM	O/RMO				
	stat copy of Aadhar						
	Gap Affidavit (Appl			ates wh	o have a	time gap of one	vear or
more	between passing Gl	NM & joinii	ng Post Bas	sic B.Sc.	Nursing	Course)	
l) Anti F	Ragging Affidavit fro	m student a	and parent	prescril	oed by C	ollege (Applicabl	e for all
stud							
	file cover and one tr						
	ssport size latest						
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attes 16. Educ of ng		Max.	Marks	% age	Grade	Registration No.	

Signature of Applicant

## **DECLARATION BY THE APPLICANT**

	S/o, D/o:		1
undertake that		v v	

- 1. The information given by me is true and correct to the best of my knowledge and belief.
- 2. The documents submitted by me are genuine. In case any of the document submitted by me as detailed at Para- 15 is proved to be fake, tempered or forged, I shall be held personally responsible for that and the authorities shall be at liberty to cancel my admission.
- 3. I also undertake to deposit the college fee from time to time as and when asked for.

Signature of Applicant

# GOVERNMENT B.Sc. NURSING COLLEGE, SRINAGAR STUDENT HEALTH RECORD

## Identification Data of student

		D			
Permane					
Contact					
Weight & Height	Blood Group	Medical & Surgical History, if any	History of Allergy, if any	Immunization Status	Treatment, if any
				Signatu	re of student

# AFFIDAVIT FOR POST BASIC B.Sc. NURSING (To be attested by Judicial Magistrate)

I	S/o, D/o	R/o	do herby solemnly affirm and
decla	re as under:		
1			st Basic B.Sc. Nursing Session 2025-26 BOPEE notification No
2	abide by the rules and regu	lation prescribed b	ost Basic B.Sc. Nursing student I shall by the University of Kashmir, J &K
3	. That I shall remain much di		ued from time to time in this behalf.
4	That I am not on rolls of any	v Institution viz. Pr	ofessional/ Non Professional degree or
į 1 - <b>1</b>	diploma course in any Colle	ege/University in o	r outside the UT of J& K.
5	. That If at any stage it is dete	ected by the compe	tent authority or Principal of the
			on to Post Basic B.Sc. Nursing by fraud,
			nission to the degree shall be treated
			rred from seeking admission to the
	degree course in future and		
6			In case any of the document submitted
			d, I shall be held personally responsible
			liberty to cancel my admission.
7			xed for the course from time to time by
8	That in case I remain abser	nt from the College	for a period of 30 days College
	authorities shall be at liber	ty to cancel my adn	nission.
			Deponent
			Doponeme
<u>VER</u>	<u>IFICATION:</u> Verified on	at District Cour	rt that the content of the
			edge, belief and nothing material has
been	concealed and no part of it is	false.	
			Deponent

### Affidavit format

Prescribed by College Anti- Ragging
(To be attested by Judicial Magistrate)

### Post Basic B.Sc. Nursing

7.		S/o, D/o	R/o	
	B.Sc.	student enrolled i	n Govt. B.Sc. Nursing	College,
	Srinagar carefully re	ead and fully understo	od the law prohibitin	ng ragging and
	the directions of th	e Supreme Court and	the Central/ State Go	vernment in
	this regard.			
2.	I have received a c	opy of the INC Regula	ions on Curbing the I	Menace of
	Ragging in Higher E through it.	ducational Institution	3 2009, and have care	fully gone
3.	I hereby undertake	that:-		
		e in any behavior or ac	t that may come und	er the
	b. I will not particip	oate in or abet or prop	agate Ragging in any	form.
	c. I will not hurt ar	yone physically or psy	chological or cause a	ny other
	harm.			
4.		if found guilty of any a Provisions of the INC on the land.		
Signati	ure of Student		Signat	ure of Parent
Date: Place:				

## AFFIDAVIT FORMAT

(TIME GAP)
(To Be Attested By 1<sup>st</sup> Class Magistrate)

	, tellio		S/O, D/O	an akan kan da keway kenang sa bakka kan yan dari ke anawan da iki ka bili ka bili kan bili kan bili kan bili k
R/O_	and the state of t		S/O, D/O do hereby solem	nly affirm and declare as
under	r:			
1.	That,	I have been	selected for g College , Srinagar by J&K BOF	course in
	No.	, bise, nursin	g College, Stillagar by J&K BOP	ree vide inotification
	Date	CI:	under rank	TO TOPHAN MARKATOR
2.		THE PARTY OF THE PARTY OF	ed my GNM Final year examinat from (Univers	ion in the Acol
3.	That, Profe	after passir essional/Non	ng my GNM Final year examinat Professional Degree or Diple/ De/University in or outside the U	tion , I have not joined any loma Course in any
4.	That,	in case this	s statement proved incorrect I e consequences arising there up	shall be personally
				Deponent
VERIF	FICAT	ION:		
	Verifi	ed on this da	yat	
that the	he cor and n	ntents of the othing has be	affidavit are true and correct to een concealed and no part of it	the best of my knowledge is false.
				Deponent