

# Check List of Documents & Undertaking

(Admission to GNM and B.SC Nursing Course in Govt. Nursing College, Kathua session 2024-25)

S. No.	Documents	Status/Remarks
1.	Particulars of Student ( <b>Annexure-I</b> )	
2.	Domicile Certificate	
3.	Date of Birth Certificate (10 <sup>th</sup> Diploma/Marks Card)	
4.	Marks Certificate of 10 <sup>th</sup> /12th	
5.	Provisional Allotment Letter	
6.	Admit Card of GNM/B.Sc Nursing issued by BOPEE	
7.	BOPEE Result/Merit Rank issued by BOPEE	
8.	Proof of Identity (Aadhaar Card)	
9.	Transfer Certificate/ Migration Certificate	
10.	Category Certificate (If Any)	
11.	Income Certificate of Parents from all sources in case of EWS, Poor & Backward Class	
12.	Character Certificate issued from School/Gazetted Officer	
13.	Affidavit by student regarding abiding rules & regulations of Institution ( <b>Annexure-II</b> )	
14.	Medical Fitness Certificate ( <b>Annexure-III</b> )	
15.	Online Anti-Ragging Affidavit by Student and Parent	
16.	Admission Fee <b>(GNM=Rs. 9000/-) (B.Sc Nursing=Rs. 10425/-)</b> Note: Deposit the fee to this account through Online Mode and Enclose the Transaction Proof. <b>Account No.:</b> 1230010200000034 <b>IFSC Code:</b> JAKA0OLDBUS	
17.	Five Recent Passport Size Photographs	
18.	Self Attested two sets photocopies of above documents	
19.	Original Set of Academic Qualification and other documents (Wherever Applicable)	
20.	Dak Pad 01 (For purpose of safeguarding documents)	
21.	Verification of above documents by the Admission Committee	

Signature of the Student with Date

## Annexure-I

(Particulars of the Candidate seeking admission to GNM & B.SC Nursing Course in Govt. Nursing College, Kathua for the session 2024-25)

1.	BOPEE Notification NO:		Dated		Affix your photograph here and self attest		
2.	Name of the Student						
3.	Mother's Name						
4.	Father's Name						
5.	Date of Birth						
6.	Aadhaar Card No.						
7.	Present Address						
8.	Permanent Address						
9.	Mobile No. (Student)		Mobile No. (Father)				
10.	Email (Student)		Email (Father)				
11.	Religion		Caste				
12.	Domicile Certificate No.		Date of Issuance:				
13.	Domicile District		Sex/ Gender				
14.	Father's Occupation		Mother's Occupation				
<b>Academic Qualification</b>							
<b>12<sup>th</sup></b>	University /Board	Roll No.	Year of Passing	PCB Marks	English Marks	Total Marks 12th	12 <sup>th</sup> %age
				Max.    Obtained	Max.    Obtained	Max.    Obtained	
<b>10<sup>th</sup></b>	University /Board	Roll No.	Year of Passing	Total Marks 10 <sup>th</sup>		10 <sup>th</sup> % age	
				Max.	Obtained		
<b>BOPEE Roll No.</b>	<b>BOPEE Score</b>	<b>BOPEE Rank</b>		<b>State Rank</b>	<b>Selection Category</b>	<b>BOPEE Percentage</b>	

Signature of the Student with Date

**Annexure-II**

**AFFIDAVIT**

I \_\_\_\_\_ S/o, D/o \_\_\_\_\_

R/o \_\_\_\_\_

do hereby solemnly affirm and declare on oath as under:-

1. That I have passed 10<sup>th</sup>/12<sup>th</sup> examination under Roll No. \_\_\_\_\_ from CBSE/JKBOSE in year \_\_\_\_\_.
2. That after passing my 10<sup>th</sup>/12<sup>th</sup> and now I have been selected for GNM/B.SC Nursing in Government Nursing College, Kathua.
3. That I will maintain the discipline during my studies of GNM/B.SC Nursing course in Govt. Nursing College, Kathua as well as in Hostel/ Campus.
4. That I will not indulge in any anti-social activities and will abide by terms and conditions and maintain the decorum and discipline of the college.
5. That I am soliciting this affidavit for reference and records of the concerned authority.

**Deponent**

**Verification:-**

That the contents of the affidavit are true and correct to the best of our knowledge and belief, no part of it is false or wrong, hence verified at Kathua on \_\_\_\_\_.

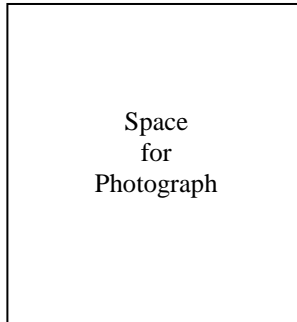
**Deponent**

## Annexure-III

### Medical Fitness Certificate

(To be signed by a registered medical practitioner holding a Medical Degree)

**(TO BE SUBMITTED AT THE TIME OF ADMISSION)**



I certify that I have carefully examined Mr./Ms.\* \_\_\_\_\_

Son/daughter of Shri \_\_\_\_\_ whose  
signature is given below. Based on the examination, I certify that he/she is in good mental and  
physical health and is free from any physical defects which may interfere with his/her studies  
including the active outdoor duties required of a professional.

Marks of Identification \_\_\_\_\_

Signature of the Candidate \_\_\_\_\_

Place:

Date:

Name & signature of the Medical Officer  
with seal and registration number

\* Strike whichever is not applicable.