

National Health Mission
State Health & Family Welfare Society, Tripura
Palace Compound, Agartala.

No.F.3 (5-3265)FWPM/SHFWS/ 2017

25th July, 2018

MEMORANDUM

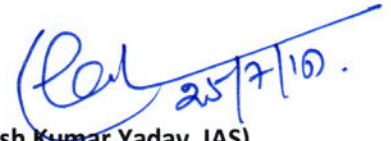
List of the successful candidates for the Bridge Programme (Certificate course in Community Health for Nurses" State Health & Family Welfare Society-Tripura vide advertisement **No.F.3 (5-3265)-FWPM/SHFWS/ 2017**, dated 29th June, 2017 is as follows:

Sl. No	Token. No.	Name of Candidate	Gender	Category (UR/SC/ST)	Educational Qualification	Total Marks Obtained	Percentage of Marks
List of UR Category qualified candidate as per merit list							
1	82	Kaushik Das	Male	SC	B.Sc Nursing	216	72.00
2	83	Suvankar Datta	Male	UR	B.Sc Nursing	204	68.00
3	43	Smt. Arpita Debnath	Female	UR	B.Sc Nursing	200	66.67
4	79	Shibangkar Pal	Male	UR	B.Sc Nursing	200	66.67
5	81	Saheb Das	Male	SC	B.Sc Nursing	196	65.33
6	84	Saikat Roy	Male	UR	B.Sc Nursing	192	64.00
7	36	Smt. Ambika Choudhury	Female	UR	B.Sc Nursing	188	62.67
8	102	Krishna Gopal Barman	Male	SC	B.Sc Nursing	186	62.00
9	76	Anay Chakraborty	male	UR	B.Sc Nursing	183	61.00
10	55	Smt. Aliva Sutradhar	Female	UR	B.Sc Nursing	179	59.67
11	72	Smt . Mousumi Das	Female	SC	B.Sc Nursing	176	58.67
12	86	Rashmita Saha	Female	UR	B.Sc Nursing	176	58.67
13	94	Rajashree Das	Female	SC	M.Sc Nursing	173	57.67
14	99	Beauti Sarkar	Female	UR	B.Sc Nursing	172	57.33
15	92	Jaydwip Paul	Male	UR	B.Sc Nursing	169	56.33
16	69	Sri Tapas paul	Male	UR	B.Sc Nursing	168	56.00
17	22	Sri Papai Paul	Male	UR	B.Sc Nursing	167	55.67
18	87	Debashis Debnath	Male	UR	B.Sc Nursing	167	55.67
19	95	Biswajit Das	Male	SC	M.Sc Nursing	167	55.67
20	13	Smt. Barnali Das	Female	SC	M.Sc Nursing	166	55.33
21	11	Smt. Anamika Chakraborty	Female	UR	B.Sc Nursing	164	54.67
22	24	Smt. Manashree Chakraborty	Female	UR	M.Sc Nursing	164	54.67
23	59	Sri Arindam Bhadra	Male	UR	B.Sc Nursing	163	54.33
24	77	Nabashree Roy	Female	UR	B.Sc Nursing	163	54.33
25	45	Sri Diptanu Roy	Male	UR	B.Sc Nursing	162	54.00
26	91	Sanghita Bhowmik	Female	UR	B.Sc Nursing	160	53.33
27	63	Smt. Shyamali Datta	Female	UR	B.Sc Nursing	158	52.67
28	88	Jali Debbarma	Female	ST	B.Sc Nursing	158	52.67
29	98	Srabanti Das	Female	SC	M.Sc Nursing	155	51.67
30	17	Sri Liben Saha	Male	UR	B.Sc Nursing	153	51.00
31	26	Sri. Goutam Das	Male	SC	B.Sc Nursing	151	50.33
32	34	Sri Sourav Banik	Male	UR	B.Sc Nursing	151	50.33
33	51	Sri Dipayan Deb	Male	UR	Post Basic B.Sc Nursing	151	50.33
34	33	Sri Sourav Sinha	Male	UR	M.Sc Nursing	148	49.33
35	70	Smt. Kaushiki Chakraborti	Female	UR	B.Sc Nursing	148	49.33
36	89	Mukesh Sharma	Male	UR	B.Sc Nursing	148	49.33

(Signature)
20/7/18

Sl. No	Token. No.	Name of Candidate	Gender	Category (UR/SC/ST)	Educational Qualification	Total Marks Obtained	Percentage of Marks
List of SC Category qualified candidate as per merit list							
1	9	Smt. Shilpi Sukla Das	Female	SC	B.Sc Nursing	142	47.33
2	15	Smt. Sanhita Das	Female	SC	B.Sc Nursing	140	46.67
3	50	Sri Saroj Das	Male	SC	M.Sc Nursing	140	46.67
4	14	Sri Sudip Das	Male	SC	B.Sc Nursing	138	46.00
5	62	Smt. Souravi Das	Female	SC	B.Sc Nursing	137	45.67
6	65	Sri Dipankar Baidya	Male	SC	B.Sc Nursing	136	45.33
7	61	Smt. Nandita Das	Female	SC	B.Sc Nursing	132	44.00
8	44	Smt. Maman Das	Female	SC	B.Sc Nursing	128	42.67
9	104	Rumpa Das	Female	SC	B.Sc Nursing	128	42.67
10	106	Susmita Majumder	Female	SC	B.Sc Nursing	124	41.33
11	58	Sri Subhankar Das	Male	SC	B.Sc Nursing	118	39.33
List of ST Category qualified candidate as per merit list							
1	54	Smt. Anita Reang	Female	ST	B.Sc Nursing	146	48.67
2	19	Sri Pulindra Debbarma	Male	ST	B.Sc Nursing	130	43.33
3	97	Porojoy Reang	male	ST	B.Sc Nursing	112	37.33

All the successful candidates are requested to attend consultation workshop on 27th July 2018 at 11.30 am at SIHFW Building (**Office of the MD NHM**) along with filled up application form, Student ID Card, Acknowledgement format. Forms and instruction note are annexed below.



(Dr. Shailesh Kumar Yadav, IAS)
Mission Director, National Health Mission
Government of Tripura.

Instructions to Candidates for Preparing Application form for Admission

Instructions for Candidates

1. Please read the guidelines for filling up the application form
2. Fill in the following forms
 - a. Application form,
 - b. Student ID card format
 - c. Acknowledgement format
3. Please use Black/blue ball point pen only for filling the format
4. Write in English capital letters and numerals
5. Please write the code/ name of the Programme Study Centre as allotted to you by the State, as applicable
6. In item no. 23 regarding scholarship, write the following
 - a. Amount of scholarship – Rs 15000
 - b. Dept. offering scholarship – A1
7. **Item no. 27** regarding **details of fee** remittance shall **be kept blank** for the State officials to fill in.
8. Paste your passport size photo on the application form and sign on it.
9. Paste your passport size photo on the Student ID card.
10. Attach documents in support of the following
 - i. Date of Birth
 - ii. Category (General/SC/ST/OBC etc.)
 - iii. Employment and Experience
 - iv. Educational Qualifications (12th, GNM/B.Sc Nursing/BAMS)
 - v. Council registration
11. Submit all forms (Application form, Acknowledgement form and Student ID card) to the State Nodal Officer for Bridge Programme in Community Health to forwarding it to IGNOU.
12. You will receive acknowledgment number and ID card after successful admission to the programme.

**Guidelines for filling up the application form for the Certificate in
Community Health for Nurses**

1. Name of the Programme Applied: Write Certificate in Community Health for Nurses
2. Programme Code : BPCCHN
3. In case of medium of study please fill code A1 for English, B2 for Hindi and C3 for other language.
4. Regional Centre Code: write Regional centre code under which you want to take admission See Appendix 4 for Regional Centre Codes
5. At Sl. No. 5, Fill Programme Study Centre (PSC) Code where you want to pursue studies (See Appendix 3)
6. At S.No. 6, write State Code: Select Code from Appendix 8 a
7. At S.No. 7, write A1 for yes and B2 for not registered . Fill it only if you have enrolled in any other programme of IGNOU.
8. At S. No.8, write Name of the candidate as mentioned in class X/XII mark-sheet or equivalent certificate.
9. At S. No. 9 ,write Name of the Father/Mother/Husband. Please write S/o or D/o for Father/Mother's Name and W/o for Husband's Name.
10. At S. No.10, write House No. in (a) Street Name, in (b) Locality / Mohalla, in (c) Tehsil/District in (d) City , in (e) Pin code, in (f) State, in (g).
11. At S. No. 11, write landline no. in (a) email ID in (b) and mobile no. in (c). (Phone no. and e mail is mandatory and write clearly, correctly and legibly).
12. At S.No12 ,write date of birth,date ,month ,year correctly
13. At S. No. 13, write A1 for Indian and B2 for others. (Please specify the particular country, if you fill B2).
14. At S. No. 14, please write A1 for Male, B2 for Female and C3 for Others.
15. At S. No. 15, please write A1 for General, B2 for SC, C3 for ST, D4A for OBC (Creamy) D4B for OBC (Non-Creamy) and E for minority.
16. At S.No. 16, please write A1 for urban area, B2 for Rural area and C3 for Tribal area.
17. At S. No. 17, for Marital Status: Please write A1 for married and B2 for unmarried.
18. At S. No. 18, for Religion: Please write A1 for Hindu, B2 for Muslim, C3 for Christian, D4 for Sikh, E5 for Jain, F6 for Buddhist, G7 for Parsi, H8 for Jews and I9 for other religion
19. At S. No. 19, for minority. Please write A1 for Yes and B2 for No
20. At S.No. 20, for Social Status: Please write A1 for Ex-Serviceman and B2 for War Widows C3 for Not Applicable
21. At S.No. 21, whether Kashmiri Migrant: Please write A1 for Yes and B2 for No. (Government of India rule will be followed for this category)
22. At S.No. 22 , employment Status: Please write A1 for unemployed, B2 for IGNOU regular Employee, C3 for Employed and D4 for KVS employee.

23. At Sl. No. 23, fill up if applicable.
24. At S. No. 24, for Disability in: a) Write A1 for Yes and B2 , for No. in b) kindly provide details of disability: write A1 for Speech and Hearing Impairment, B2 for Locomotor Impairment, C3 for Visual Impairment, D4 for Low Vision and E5 for any other, please specify if you fill E5.
25. At S.No. 25 , for Educational Qualification:
- In a) write code A1 for 10th and B2 for 12th.
 - In b) write main subjects of 10th/12th.
 - In c) write year of passing.
 - In d) write Division as given.
 - In e) write %age of Marks.
 - In f) write Board Code/University.
26. At S.No. 26 , for Relevant Educational Qualifications:
- In a) write relevant code i.e. A1 for GNM B2 for BSc C3 for BAMS, D for any other
 - In b) write main subjects.
 - In c) write year of passing.
 - In d) write Division as given.
 - In e) write % age of Marks .
 - In f) write Board Code/University.
 - In g) write registration number of Nursing council for RN and RM/Ayurveda council no.
 - In h) write whether inservice . Please write A1 for Yes and B2 for No. Also mention the current place of work.
 - In i) write years of experience after RN and FM/Ayurveda practice.
27. At S.No. 27, for Details of fee remittance:
- In a) write code A1 for cash challan and B2 for Demand draft.
 - In b) write the amount in Rs.
 - In c) write the DD/Challan Number
 - In d) write the date of DD/Challan Number
 - In e) write name of the bank
28. At S.No. 28, Kindly sign the declaration with Place and date.

INDIRA GANDHI NATIONAL OPEN UNIVERSITY

MAIDAN GARHI, NEW DELHI-110 068

APPLICATION FORM

(To be submitted to School of Health Sciences along with the consolidated details of data of each selected student in Hard and Soft copy by MOHFW)

INSTRUCTIONS																																														
1. Please read the instructions before filling up the form (Appendix 26). 2. Please use Black/Blue Ball Point Pen in boxes using English CAPITAL LETTERS or English numerals. 3. Write in CAPITAL LETTERS only within box. Leave blank between words as shown in the example below. 4. Attach relevant certificates with application form. 5. Attach DD in favour of IGNOU payable at Delhi (to be paid by MOHFW).			APPLICATION NO. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																																											
<table style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td style="border: 1px solid black; width: 15px; text-align: center;">A</td><td style="border: 1px solid black; width: 15px; text-align: center;">B</td><td style="border: 1px solid black; width: 15px; text-align: center;">C</td><td style="border: 1px solid black; width: 15px; text-align: center;">D</td><td style="border: 1px solid black; width: 15px; text-align: center;">E</td><td style="border: 1px solid black; width: 15px; text-align: center;">F</td><td style="border: 1px solid black; width: 15px; text-align: center;">G</td> <td style="border: 1px solid black; width: 15px; text-align: center;">I</td><td style="border: 1px solid black; width: 15px; text-align: center;">J</td><td style="border: 1px solid black; width: 15px; text-align: center;">K</td><td style="border: 1px solid black; width: 15px; text-align: center;">L</td> <td style="border: 1px solid black; width: 15px; text-align: center;">N</td><td style="border: 1px solid black; width: 15px; text-align: center;">O</td><td style="border: 1px solid black; width: 15px; text-align: center;">P</td><td style="border: 1px solid black; width: 15px; text-align: center;">Q</td><td style="border: 1px solid black; width: 15px; text-align: center;">R</td><td style="border: 1px solid black; width: 15px; text-align: center;">S</td><td style="border: 1px solid black; width: 15px; text-align: center;">T</td><td style="border: 1px solid black; width: 15px; text-align: center;">U</td><td style="border: 1px solid black; width: 15px; text-align: center;">V</td> <td style="border: 1px solid black; width: 15px; text-align: center;">X</td><td style="border: 1px solid black; width: 15px; text-align: center;">Y</td><td style="border: 1px solid black; width: 15px; text-align: center;">Z</td> <td style="border: 1px solid black; width: 15px; text-align: center;">0</td><td style="border: 1px solid black; width: 15px; text-align: center;">1</td><td style="border: 1px solid black; width: 15px; text-align: center;">2</td><td style="border: 1px solid black; width: 15px; text-align: center;">3</td><td style="border: 1px solid black; width: 15px; text-align: center;">4</td><td style="border: 1px solid black; width: 15px; text-align: center;">5</td><td style="border: 1px solid black; width: 15px; text-align: center;">6</td><td style="border: 1px solid black; width: 15px; text-align: center;">7</td><td style="border: 1px solid black; width: 15px; text-align: center;">8</td><td style="border: 1px solid black; width: 15px; text-align: center;">9</td> </tr> </table>			A	B	C	D	E	F	G	I	J	K	L	N	O	P	Q	R	S	T	U	V	X	Y	Z	0	1	2	3	4	5	6	7	8	9	Enrolment No. (For Office Use) <table style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>										
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1. Name of the Programme Applied: <input style="width: 100%;" type="text"/>		<div style="border: 1px solid black; padding: 5px;"> PHOTOGRAPH Affix your latest passport size photograph (4 cm x 5 cm) duly attested by you </div>																																												
2. Programme Code: <input style="width: 40px;" type="text"/>																																														
3. Medium of Study (Write code in the box) <table style="width: 100%; font-size: small;"> <tr> <td style="width: 30px;">A1 English</td> <td style="width: 30px;"><input style="width: 20px;" type="text"/></td> </tr> <tr> <td>B2 Hindi</td> <td style="width: 30px;"><input style="width: 20px;" type="text"/></td> </tr> <tr> <td>C3 Others</td> <td style="width: 30px;"><input style="width: 20px;" type="text"/></td> </tr> </table>				A1 English	<input style="width: 20px;" type="text"/>	B2 Hindi	<input style="width: 20px;" type="text"/>	C3 Others	<input style="width: 20px;" type="text"/>																																					
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5. Programme Study Centre Code: <input style="width: 40px;" type="text"/>																																														
6. State Code: <input style="width: 20px;" type="text"/>																																														
7. a. Are your registered with (Ignou) (Please write relevant code in the box) <table style="width: 100%; font-size: small;"> <tr> <td style="width: 30px;">A1 - Yes</td> <td style="width: 30px;"><input style="width: 20px;" type="text"/></td> </tr> <tr> <td>B2 - No</td> <td style="width: 30px;"><input style="width: 20px;" type="text"/></td> </tr> </table>		A1 - Yes	<input style="width: 20px;" type="text"/>	B2 - No	<input style="width: 20px;" type="text"/>	If yes, Programme Code: <input style="width: 40px;" type="text"/> Enrolment No.: <input style="width: 40px;" type="text"/>																																								
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8. Name of the Candidate: (as in class XXII mark sheet or equivalent certificate) <table style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"></td> <td style="width: 50%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>																																														
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10. Address for Correspondence : (Please do not give POST-BOX Number. Use Capital Letters and give space between words)																																														
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c) Locality/Mohalla: <input style="width: 40px;" type="text"/>		<input style="width: 40px;" type="text"/>																																												
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11. Contact Details:																																														
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14. Gender (Pls. write relevant code in the box) <table style="width: 100%; font-size: small;"> <tr> <td style="width: 30%;">A1 - Male</td> <td style="width: 30%;"><input style="width: 20px;" type="text"/></td> </tr> <tr> <td>B2 - Female</td> <td style="width: 30%;"><input style="width: 20px;" type="text"/></td> </tr> <tr> <td>C3 - Other</td> <td style="width: 30%;"><input style="width: 20px;" type="text"/></td> </tr> </table>		A1 - Male	<input style="width: 20px;" type="text"/>	B2 - Female	<input style="width: 20px;" type="text"/>	C3 - Other	<input style="width: 20px;" type="text"/>	15. Category (Pls. write relevant code in the box) <table style="width: 100%; font-size: small;"> <tr> <td style="width: 30%;">A1 - General</td> <td style="width: 30%;"><input style="width: 20px;" type="text"/></td> </tr> <tr> <td>B2 - SC</td> <td style="width: 30%;"><input style="width: 20px;" type="text"/></td> </tr> <tr> <td>C3 - ST</td> <td style="width: 30%;"><input style="width: 20px;" type="text"/></td> </tr> <tr> <td>D4A - OBC (Creamy)</td> <td style="width: 30%;"><input style="width: 20px;" type="text"/></td> </tr> <tr> <td>D4B OBC (Non Creamy)</td> <td style="width: 30%;"><input style="width: 20px;" type="text"/></td> </tr> </table>		A1 - General	<input style="width: 20px;" type="text"/>	B2 - SC	<input style="width: 20px;" type="text"/>	C3 - ST	<input style="width: 20px;" type="text"/>	D4A - OBC (Creamy)	<input style="width: 20px;" type="text"/>	D4B OBC (Non Creamy)	<input style="width: 20px;" type="text"/>																											
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16. Area (Pls. write relevant code in the box) <table style="width: 100%; font-size: small;"> <tr> <td style="width: 30%;">A1 - Urban</td> <td style="width: 30%;"><input style="width: 20px;" type="text"/></td> </tr> <tr> <td>B2 - Rural</td> <td style="width: 30%;"><input style="width: 20px;" type="text"/></td> </tr> <tr> <td>C3 - Tribal</td> <td style="width: 30%;"><input style="width: 20px;" type="text"/></td> </tr> </table>		A1 - Urban	<input style="width: 20px;" type="text"/>	B2 - Rural	<input style="width: 20px;" type="text"/>	C3 - Tribal	<input style="width: 20px;" type="text"/>																																							
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17. Marital Status (Pls. write relevant code in the box) <table style="width: 100%; font-size: small;"> <tr> <td style="width: 30%;">A1 - Single</td> <td style="width: 30%;"><input style="width: 20px;" type="text"/></td> </tr> <tr> <td>B2 - Married</td> <td style="width: 30%;"><input style="width: 20px;" type="text"/></td> </tr> </table>		A1 - Single	<input style="width: 20px;" type="text"/>	B2 - Married	<input style="width: 20px;" type="text"/>	18. Religion (Pls. write relevant code in the box) <table style="width: 100%; font-size: small;"> <tr> <td style="width: 30%;">A1 - Hindu</td> <td style="width: 30%;">D4 Sikh</td> <td style="width: 30%;">G7 Parsi</td> </tr> <tr> <td>B2 - Muslim</td> <td>E5 Jain</td> <td>H8 Jews</td> </tr> <tr> <td>C3 Christian</td> <td>F6 Buddhist</td> <td>I9 Others</td> </tr> </table>		A1 - Hindu	D4 Sikh	G7 Parsi	B2 - Muslim	E5 Jain	H8 Jews	C3 Christian	F6 Buddhist	I9 Others																														
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19. Whether Minority (Pls. write relevant code in the box) <table style="width: 100%; font-size: small;"> <tr> <td style="width: 30%;">A1 - Yes</td> <td style="width: 30%;"><input style="width: 20px;" type="text"/></td> </tr> <tr> <td>B2 - No</td> <td style="width: 30%;"><input style="width: 20px;" type="text"/></td> </tr> </table>		A1 - Yes	<input style="width: 20px;" type="text"/>	B2 - No	<input style="width: 20px;" type="text"/>																																									
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20. Social Status (Pls. write relevant code in the box) <table style="width: 100%; font-size: small;"> <tr> <td style="width: 30%;">A1 - Ex-Serviceman</td> <td style="width: 30%;"><input style="width: 20px;" type="text"/></td> </tr> <tr> <td>B2 - War Widows</td> <td style="width: 30%;"><input style="width: 20px;" type="text"/></td> </tr> <tr> <td>C3 - Not Applicable</td> <td style="width: 30%;"><input style="width: 20px;" type="text"/></td> </tr> </table>		A1 - Ex-Serviceman	<input style="width: 20px;" type="text"/>	B2 - War Widows	<input style="width: 20px;" type="text"/>	C3 - Not Applicable	<input style="width: 20px;" type="text"/>	21. Whether Kashmiri Migrant (Pls. write relevant code in the box) <table style="width: 100%; font-size: small;"> <tr> <td style="width: 30%;">A1 - Yes</td> <td style="width: 30%;"><input style="width: 20px;" type="text"/></td> </tr> <tr> <td>B2 - No</td> <td style="width: 30%;"><input style="width: 20px;" type="text"/></td> </tr> </table>		A1 - Yes	<input style="width: 20px;" type="text"/>	B2 - No	<input style="width: 20px;" type="text"/>																																	
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23. Details of Scholarship being received, if any

a) Annual Scholarship Amount <input type="text"/>	b) Deptt. offering Scholarship: A1 Government <input type="text"/>	c) Family Income (annual) <input type="text"/>	d) Below Poverty Line A1 Yes <input type="text"/>	e) Jain Inmates A1 Yes <input type="text"/>
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24. a) Whether a Person with Disability
(Pls. write relevant code in the box) A1 - Yes
B2 - No

b) If yes, kindly provide details of disability:
(Pls. write relevant code in the box)

- A1 - Speech and Hearing Impairment
- B2 - Locomotor Impairment
- C3 - Visual Impairment
- D4 - Low Vision

Leprosy Cured

Mental Retardation

Mental Illness

25. Educational Qualifications:

a) Whether 10 th or 12 th pass A1 - 12 th <input type="text"/> B2 - 10 th <input type="text"/>	b) Main Subjects 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/>	c) Year of Passing <input type="text"/>	d) Division <input type="text"/> 01,02,03 or 04 for pass	e) %age of Marks <input type="text"/>	f) Board Code/University <input type="text"/>
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26. Relevant Qualifications (which make you eligible for application to the programme) GNM/B.Sc.N/BAMS

a) Qualification A1 - GNM <input type="text"/> B2 - BScN C3 - BAMS C4 - Any other	b) Main Subjects 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/>	c) Year of Passing <input type="text"/>	d) Division <input type="text"/> 01,02,03 or 04 for pass	e) %age of Marks <input type="text"/>	f) Board Code/University <input type="text"/>
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g) Council Registration Number RN RM Name of Nursing Council/ Ayurveda Council

h) Whether in Service A1 - Yes
B2 - No

Place of work

i) Years of experience after RN/RM/Ayurveda practice

27. Details of fee Remittance:

a) Mode of Payment
(Pls. write relevant code in the box) A1 - Cash Challan
B2 - Demand Draft

b) Amount: Rs. Please add Rs. 500/- in case of Late fee

c) DD/Challan Number:

e) Bank Name:

28. Declaration:

I hereby declare that I have read and understood the conditions of eligibility for the programme for which I seek admission. I fulfill the minimum eligibility criteria and I have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable for cancellation by the University at any time and I shall not be entitled to refund of any fee paid by me to the University. Further, I have carefully studied the rules of the University as printed in the Prospectus and I accept them and shall not raise any dispute in future over the same rules. I understand that the University can amend or change any rules without advance intimation and I will be abiding by them.

Place :

Date :

Signature of the Applicant

INSTRUCTIONS FOR CANDIDATES

- Please send your Application Form by Registered/Speed Post to School of Health Sciences, IGNOU.
- Last date for receipt of filled in application form is as per advertisement.
- Please retain photo copy of the filled application form for future reference.
- For Detailed instructions please refer Student Handbook & Prospectus.
- Self attested Photocopy of all the relevant certificates of DOB, Category, Employment, Educational Qualification, relevant Qualification making you eligible for application to programme. Council Registration and Demand Draft must be send along with this application form.
- Original Certificates will be verified.
- Fill up the column of E-Mail ID and correct mobile no., otherwise candidate will be responsible for non receipt of communication.

For office use

ADMITTED	NOT ADMITTED
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Reason for not admitting

Signature with date