PROSPECTUS

FOR

ADMISSION INTO 4 YEARS BASIC B.Sc. NURSING COURSE IN GOVERNMENT COLLEGE OF NURSING, BERHAMPUR, GANJAM, ORISSA

AND

OTHER PRIVATE NURSING COLLEGES OF ORISSA

DURING THE SESSION 2014–2015

Approved by Government of Orissa, Health and Family Welfare Department vide G.O. 16665 No. dated 23.06.2014

Price : Rs. 500/- (Rupees Five Hundred) only

(With one set of Application Form)
DIRECTORATE OF NURSING, ODISHA

**********

ADMISSION NOTICE

Applications in the prescribed Form are invited for admission into 4 year Basic. B.Sc. Nursing Course for the Academic Session 2014-15 in Government and Private Nursing Colleges of the State.

ELIGIBILITY:-
(i) Both Female and Male candidates are eligible to apply. 10% of total seats are fixed to be filled-up from Male candidates.
(ii) The candidate must be a permanent resident of Odisha.
(iii) The candidate must have completed 17 years of age on or before 31.07.2014.
(iv) The candidate must have passed Odia up to M.E. Standard.
(v) The candidate must have passed 10+2 Science Examination from C.H.S.E., Odisha or its equivalent Examination as recognized by C.H.S.E., Odisha with (Physics, Chemistry and Biology) and English subjects and must have secured not less that 45% marks in subjects of Physics, Chemistry, Biology and English taken together in case of General candidates and 40% marks in case of S.C/S.T. candidates.

MODE OF OBTAINING PROSPECTUS AND APPLICATION FORMS:-

Prospectus and Application Forms are available in the Website www.dmet.odisha.gov.in( Click views for all advertisement) from 28.06.2014 to 18.07.2014 by 5.00 P.M. which can be down loaded. In such case, the candidate is to deposit a sum of Rs. 500/- (Rupees Five hundred) only in any State Bank of India Branch as per the Challan prescribed in the prospectus and submit the original Department’s slip portion of the Challan along with the filled in Application Form towards Application fee.
1. SELECTION COMMITTEE:

1.1 Selection to Basic B.Sc. Nursing Course will be conducted by a Selection Committee until otherwise directed by the Government. The Selection Committee shall consist of:

a. Director Nursing, Odisha : Chairman
b. Dean & Principal, MKCG Medical College, Berhampur : Vice-Chairman
c. Jt. Director Nursing Clinical, Odisha : Member
d. Deputy Director, Nursing, Odisha, Bhubaneswar : Member Convenor
e. Jt. Director Nursing Education, Odisha : Member
f. Principal, College of Nursing, Berhampur : Member
g. Assistant Director, Nursing (Administration) : Member
h. Registrar of any one University : Member

1.2. The selection will be done in the office of the Director Nursing, Odisha, Bhubaneswar centrally (both for Govt. Seats and 50% of seats of private colleges of nursing as State quota) under the supervision of the Chairman and the Convenor of the Selection Committee.

1.3. Admission will be effected through open counseling conducted by the Convenor under the supervision of the Chairman of the selection committee basing on merit.
2. DISTRIBUTION OF SEATS

2.1 i) In case of non-availability of candidates belonging to S.C. Community, S.T. Candidates can be selected in their place and vice versa subject to other eligibility conditions.

In case non-availability of candidates in any of the reserved categories, the remaining seats will be merged in the seats meant for U.R. Category and will be filled up by the U.R candidates on the date of counseling scheduled for the U.R candidates subject to fulfillment of other eligibility criteria.

ii) Any seats of private institution left vacant after Central Counseling will deemed to be remitted back to the management quota of the concerned institutions.

iii) It is mandatory for all the Private institutions to provide a detailed fees structure regarding messing charges, hostel fees and transportation charges to the Convenor, Basic B Sc.Nursing Selection Committee 7 days prior to the date of counseling for approval by the Chairman, otherwise, the institution will not be allowed to seat in the counseling process. New INC recognized institutions are required to deposit the fees structure to the Convenor after approval from the Chairman of Basic B Sc.Nursing Selection Committee. It is compulsory for all the nursing institutions to provide a detailed list of all the admitted students, category wise to the Convenor Basic B Sc.Nursing Selection Committee within 30 days after counseling for provisional registration to appear in the subsequent yearly annual examination, otherwise the candidature of the students of respective institution will be cancelled for which the institution head will be held responsible for the lapses.

3. PROSPECTUS AND APPLICATION FORM:

Prospectus and Application Form will be available in the website [www.dmetodisha.gov.in](http://www.dmetodisha.gov.in) (click view for all Advertisement) between 28.06.2014 to 18.07.2014 by 5.00 P.M. and can be downloaded. In such case, the candidate is to deposit a sum of Rs.500/- (Rupees Five Hundred ) only in any State Bank of India Branch, as per the prescribed Challan at Appendix-VI and submit the original Department's slip portion of the Challan along with the filled in Application Form.

4. ELIGIBILITY FOR APPLICATION:

4.1 Both female and male candidates are eligible to apply. 10% of total number of seats are fixed for male candidates.

4.2 The candidate must have passed 10+2 science examination from the CHSE, Orissa or its equivalent examination as recognized by the CHSE, Orissa with (Physics, Chemistry and Biology) and English subjects and must have secured not less than 45% marks in subjects of Physics, Chemistry, Biology and English taken together in case of General candidates and 40% in case of S.C./ S.T. candidates.

4.3 The candidate must have completed 17 years of age on or before 31.07.2014, the year of admission to 1st Year Basic B. Sc. Nursing Course.

4.4 The candidate must have passed Odia up to M.E. Standard.

4.5 The candidate must be a permanent resident of Orissa, (Certificate as defined in Government of Orissa, Home Department Resolution 38 – Reforms dated 18th June 1949 to be furnished).

4.6.0 Physically Handicapped category candidates should have locomotory disability of lower limbs between 40% to 50% will be taken into consideration.

4.7 The candidate must be medically fit for nursing work.
5. **SUBMISSION OF APPLICATION:**

5.1 The application in the prescribed form (along with requisite documents complete in all respect) shall be sent by “Registered Post / Speed Post / Courier Service” only to the Member Convenor, Basic B.Sc. Nursing Selection Committee and Deputy Director Nursing, Office of the Director Nursing, Odisha, Heads of Departments Building, Bhubaneswar, Pin – 751001 on or before 18.07.2014 by 5.00 P.M., i.e. the last date of receipt of application. Each envelope containing application shall be prominently superscribed “Application for Admission into Basic B. Sc. Nursing Course 2014 – 2015”. Applications received after last date of receipt or envelope containing applications of more than one individual shall be rejected. Ordinary post will not be accepted.

5.2 The application form must be filled in by candidate’s own handwriting. Corrections if any must be legible having initial by the candidate.

5.3 The office shall have no responsibility for an application for an application that would reach late for any reason including postal delay. Such application shall summarily be rejected and no correspondence or representation in this regard shall be entertained.

5.4 Applications that are incomplete, illegible or incorrectly filled in or are not accompanied with essential documents shall be rejected summarily.

5.5 Address of the candidate must be written correctly on the acknowledgement card and enclosed with the application in the envelope.

6. **DOCUMENTS TO BE FURNISHED BY THE CANDIDATE ALONGWITH APPLICATION:**

6.1 For evidence of age, the candidate must submit self attested copy of H.S.C Examination pass certificate of the Board of Secondary Education, Orissa or its equivalent examination. any other certificate for proof of age is not acceptable.

6.2 Self attested true copy of pass certificate in the qualifying examination from the concerned Council / University / Board.

6.3 Self attested true copy of the Mark List of the qualifying examination from the concerned Council / University / Board.

6.4 Self attested true copy of the HSC mark sheet issued by Board of Secondary Education or its equivalent examination.

**NOTE :-** Applications without clear documentary evidence of above mark sheet & certificates would be rejected. Attested true copies of mark sheet and certificates issued other than council / university / board would not be entertained.

6.5 Self attested true copy of conduct and character certificate from the Head of the Institution last attended.

6.6 One copy of recent passport size photograph (5cm x 7 cm approximately) duly attested on front side by a Gazetted officer with seal should be pasted at the space earmarked in the application form.

6.7 A self addressed envelope of size 23 cm x 10 cm for dispatch of intimation letter through Regd. Post (without postage stamp).

6.8 In case of candidates belonging to SC/ST community, self attested true copy of the certificate from the Competent Authorities in the Form (Appendix-II).

6.9 In case of candidates claiming to be permanent residents of Orissa, self attested true copy of the Certificate from the Competent Authorities in the Form (Appendix – I).

**NOTE :- For the purpose of paras 7.8 & 7.9, only District Magistrate / Additional District Magistrate / Sub – Divisional Officer / Tahasildar / Additional Tahasildar are the competent authorities.**

6.10 Self attested true copy of physically handicapped certificate issued by Panchayati Raj Department / District Social Welfare Officer, Government of Orissa / District Medical Board for handicapped candidates.
6.11 Self attested true copy of the certificate in the prescribed form at Appendix – III from the Station Commander / Officer Commanding / Officer-in-charge / Secretary, Zilla / Rajya Sainik Board in case of candidate claiming seat reserved for children of Ex-Serviceman & Serviceman.

6.12 Self attested true copy of certificate in the prescribed form from the Chief District Medical Officer of the Concerned district, in case of candidate claiming the seat reserved for children of Green Card holders. In case of any difference of the name and date of birth of the applicant with the name and date of birth indicated in the Green Card certificate, an affidavit duly authenticated by the Honorable Court must be produced along with application form failing which the application will be rejected. Self attested true copy of the entire Green Card must be enclosed along with application form with an undertaking, whether married/unmarried. The Green Card should not have been used more than once prior to claiming to admission.

6.13 Self attested true copy of certificate as authentic proof of passing Odia upto M.E standard.

6.14 Original Department’s slip portion of SBI Challan of Rs.-500/- towards application fees.

N.B :-
(a) The candidates are instructed to submit attested true copies of all the requisite certificates
(b) Selected candidates should submit medical fitness certificate at the time of counseling as per (Appendix-V) from Medical Officer, Govt. of Odisha.

7. SELECTION :

7.1 Selection shall be made from among eligible candidates in order of merit on the basis of marks secured by them in the qualifying examination in the subjects of Physics, Chemistry, Biology and English taken together and marks secured at 10 + level without extra-optional; each carrying 50% weightage.

7.2 If a candidate is found to have furnished any false information of certificate or to have withheld or concealed any relevant information to gain undue advantage, his/her application shall be rejected and admission refused. If admission has already been allowed or effected, it shall be cancelled at any stage of his/her study and such other action as deemed necessary may be taken against the candidate. The candidates are required to furnish an undertaking to this effect on the application form.

7.3 In case of candidates having equal marks in aggregate "on the above career marking", inter-se-merit shall be decided as follows.

7.4 According to the total marks secured in Biology at the qualifying examination.

7.5 In case of further tie, according to seniority in date of birth of the candidate.

7.6 Eligible candidates as per their merit will be directed to appear before the Selection Committee on the schedule date and time and place for counselling and admission.

8. ADMISSION :

8.1 A selected candidate shall be required to produce all original documents at the time of counseling and admission.

8.2 In addition to documents already submitted at the time of admission an undertaking from the local guardian as per Appendix – IV of this Prospectus, which should be signed by the parent/husband/guardian of the candidate and by the local guardian.

8.3 The following fees are to be deposited at the time of admission into 1st Year/2nd Year/ 3rd Year/ 4th Year Basic B. Sc. Nursing Course.

<table>
<thead>
<tr>
<th>Fees</th>
<th>1st Year</th>
<th>2nd Year</th>
<th>3rd Year</th>
<th>4th Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission /Tuition Fee</td>
<td>Rs.14,000/-</td>
<td>Rs.14,000/-</td>
<td>Rs.14,000/-</td>
<td>Rs.14,000/-</td>
</tr>
<tr>
<td>Caution Money(Refundable)</td>
<td>Rs.1,000/-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>Rs.15,000/-</strong></td>
<td><strong>Rs.14,000/-</strong></td>
<td><strong>Rs.14,000/-</strong></td>
<td><strong>Rs.14,000/-</strong></td>
</tr>
</tbody>
</table>
Caution money one time Rs.1,000/- at the time of admission (Refundable on leaving the College). Besides the above, the Messing charges may be charged extra.

### Private Colleges of Nursing

<table>
<thead>
<tr>
<th>Fees</th>
<th>1(^{st}) Year</th>
<th>2(^{nd}) Year</th>
<th>3(^{rd}) Year</th>
<th>4(^{th}) Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition Fee/Admission Fees</td>
<td>Rs.35,000/-</td>
<td>Rs.35,000/-</td>
<td>Rs.35,000/-</td>
<td>Rs.35,000/-</td>
</tr>
<tr>
<td>TOTAL</td>
<td>Rs.35,000/-</td>
<td>Rs.35,000/-</td>
<td>Rs.35,000/-</td>
<td>Rs.35,000/-</td>
</tr>
</tbody>
</table>

The above fee structure can be revised during the course period as per the decision of fee structure committee constituted by Government.

8.4. Caution money one time Rs.1,000/- at the time of admission (Refundable on leaving the College). Besides the above, the Hostel fees, Messing charges & Conveyance charges will be charged extra. The defined break up would be provided by the private institutions to the Convener, Basic B.Sc Nursing Selection Committee, 7 days prior to the date of counseling for approval by the Chairman, otherwise, the institution will not be allowed to seat in the counseling process. New INC recognized institutions are required to deposit the fees structure to the Convener after approval from the Chairman, Basic B.Sc Nursing Selection Committee.

N.B.- As per the decision of the Government, in respect of the SC / ST candidates for admission into B.Sc. Nursing Course in private recognized institutions in the State Scholarship will be borne by NHM, Government of Odisha under Public-Private Partnership (PPP) scheme titled “Swasthya Sebika Nijukti Yojana” Scholarship scheme as under:

* Partial Scholarship as tuition fees to SC/ST students in non-KBK districts for B.Sc. Nursing, Per student @ Rs.15,000/- per annum.
* Full Scholarship as tuition fees to SC/ST students in KBK + districts for B.Sc Nursing, Per student @ Rs.50,000/- per annum.
* Sponsored SC / ST students have to execute a bond with Government which will be provided during admission subject to provision of funds by the appropriate authority.

9. HOSTEL ACCOMMODATION:

The Principal shall make allotment of seats in Hostel for female candidates. There is no provision of hostel for male candidates in Govt. College of Nursing and they are required to stay outside with their own arrangement. Hostel provision for male candidates of Private Nursing Colleges is optional.

In exceptional circumstances, outside hostel accommodation for married women candidates will be considered by the Director of Nursing, Odisha keeping in view the genuineness of the case.

10. UNIFORM:

Female students have to wear bottle green Saree / Salwar and Punjabi during field duty, and white color Saree, Blouse / Salwar and Punjabi with white Coat during ward duty. Male students have to wear bottle green pant and shirt during field duty and white color pant and shirt with white coat during ward duty.

11. DISCIPLINE:

11.1 Students got admitted should abide by the Rules and Regulations of the College and Hostel as well. Those found disobeying the Rules and Regulations or showing any anti-social attitude shall be debarred from the Hostel and College within few hours’ notice.

IF ANY INCIDENT OF RAGGING COMES TO THE NOTICE OF THE AUTHORITY, THE CONCERNED STUDENT SHALL BE GIVEN LIBERTY TO EXPLAIN AND IF HER / HIS EXPLANATION IS NOT FOUND SATISFACTORY, THE AUTHORITY WOULD EXPEL HER / HIM FROM THE INSTITUTION.

11.3 Application for change of training institution during the training period will not be entertained.

12. VACATION:

12.1 8 weeks vacation shall be given at the end of each year.

12.2 3 weeks gazetted holidays.

13. In all matters relating to eligibility of candidates for selection and admission to the B. Sc. Nursing Course, the decision of the Selection Committee shall be final.

14. IMPORTANT INFORMATION:

14.1 Original documents to be brought on the day of the counselling.

a) Intimation letter.

b) Original / Provisional H.S.C Examination Certificate issued by the Board of Secondary Education, Odisha or its equivalent examination as evidence of age.

c) Original pass certificate and mark sheet of the qualifying examination issued by the concerned Council / University / Board.

d) Original mark sheet of HSC Examination issued by Board of Secondary Education, Odisha or its equivalent.

e) Original Caste Certificate (in case of SC / ST candidates) only issued by the competent authority.

f) Original P.H. certificate issued by the competent authority (in case of Physically Handicapped candidates) only.

g) Two copies of recent passport size photographs duly attested by a Gazetted Officer on the front side.

h) Original character / conduct certificate from the Head of the Institution last attended to.

i) Original Residential / Nativity Certificate issued by the Competent Authority.

j) Original certificate from competent authority in support of children of Ex-Serviceman / Serviceman (in case of Ex-Serviceman / serviceman candidate) only.

k) Original Green Card (with all pages) issued by the Chief District Medical Officer concerned, Health & Family Welfare Department, Government of Orissa (in case of Green Card Holder) only.

l) Original College Leaving Certificate / Transfer Certificate.

m) Original certificate as authentic proof of passing Odia upto M.E Standard.

n) Original medical fitness certificate as required.

NOTE :- All the above original certificates, mark sheet & other documents would be verified during the counselling with regard to the facts and figures furnished in the application in support of her / his candidature. Claims for admission would be rejected if the original certificates and documents are not submitted by the candidate at the counseling spot. Undertaking for extension of time to submit the original certificate / certificates and document / documents would not be entertained under any circumstances.
APPLICATION FORM FOR BASIC B. Sc. NURSING COURSE – 2014 - 2015

To be filled in by candidate’s own handwriting

(1) FULL NAME OF THE CANDIDATE AS RECORDED IN THE H.S.C. OR EQUIVALENT EXAMINATION.

(In block letter) ……………………………………………………………………………

(2) Sex ……………………………

(3) CATEGORY CLAIMED – GENERAL / S.C./ S.T./ P.H./ Green Card Holder /

(Put Tick ✔ mark whichever is applicable). Ex – Servicemen or Servicemen

(4) Date of Birth ……………………………………………………………
(As recorded in H.S.C. or equivalent examination)

(5) Age as on 31.07.2014 of the year of Admission …………………………………

(6) Nationality ……………… (7) Married / Unmarried ………………..(8) Religion …………. ……………………………...

(9) Educational Qualification …………………………………………

(10) Permanent home Address :-

Village / Town ………………………………………………………………………
P.O - ………………..Police Station ……………………………
Tahasil - ………………………………………………………………….
Dist. - ………………………………………………………………………
Pin …………………

(11) Present Address …………………………………………………………………………

(For correspondence) …………………………………………………………………

(12) Full Name of Father / Husband / Guardian (if father is dead) …………………

…………………………………………………………………………………………
Occupation ……………………………………………………………………….
Address ……………………………………………………………………………
…………………………………………………………………………………………

(13) Academic Details :

(i) Name of the Examination (+2) Science or its equivalent………………

(ii) Name of the University / Council / Board ………………………………

Affix a passport size photograph attested by a Gazetted officer on the front side.
--- | --- | --- | --- | ---
1. | HSC or equivalent | | | |

(15) Mark secured in 10 + 2 Science Examination

<table>
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<tr>
<th>SUBJECT</th>
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<td>GRAND TOTAL</td>
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<td></td>
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</table>

(16) Documents and Certificates enclosed (Put Tick \(\checkmark\) mark)

(i) Self Attested copy of H.S.C. or equivalent examination issued by Board of Secondary Education or equivalent Board as evidence of age. Yes / No

(ii) Self Attested copy of the Pass Certificate of qualifying Examination Issued by Council / University / Board Yes / No

(iii) Self Attested copy of mark sheet of qualifying examination issued by the C.H.S.E. / Board / University. Yes / No

(iv) Self attested copy of the mark list of HSC examination or its equivalent Yes / No

(v) Self Attested copy of the conduct / character certificate issued by the Head of the Institution last studied. Yes / No

(vi) Self Attested copy of certificate in support of category claimed (S.C./S.T. /P.H./Ex-Servicemen or Servicemen/Green Card Holder) Yes / No

(vii) Self Attested copy of Residentship / Nativity for candidate who claims as permanent resident of Odisha. Yes / No

(viii) Self Attested copy of Certificate as authentic proof of passing Odia upto M.E. Standard. Yes / No

(ix) A self addressed envelope of size 23 cm x 10 cm for dispatch of intimation letter through Regd. Post (without postage stamp). Yes / No

(x) One attested copy of recent passport size photographs affixed in the space provided in the application form Yes / No

(xi) Original Department’s slip portion of SBI Challan of Rs.500/- Yes / No

I declare that the above statement of particulars furnished by me are true in all respect and as such, I undertake that if subsequently, I will be found to have given wrong information with regard to the marks, certificates and documents produced by me in connection with my admission, then my name will be immediately removed from the College in addition to whatever legal action that be taken against me, I agree to abide by the rules of the College / Hostel and pay all fees and deposit all other dues as laid down in the College.

I certify that I have not been prosecuted or convicted for any criminal offence involving moral turpitude.

Date - ………………………………..

Full Signature of the Applicant

Countersigned by Parents / Guardian / Husband

Name ………………………………..

Date : ………………………………..
APPENDIX – I

Office of the ............................................................................................................

Miscellaneous Certificate Case No................................................................. of 2014

PERMANENT RESIDENT CERTIFICATE FOR BASIC B.Sc. NURSING COURSE – 2014 - 15

This is to certify that Sri / Smt. / Miss / .................................................................

Son / Daughter / Wife / of Sri .............................................................................

is a native of ........................................................................................................

in the State of Odisha and he / she belongs to P.S. ............................................

Tahasil .................................................................

The certificate is being granted only for the purpose of Basic B.Sc. Nursing Course – 2014-15 Odisha.

Full Signature of the applicant                                                     Signature of Revenue Officer

Date –

Round seal of the Office                                                            Designation (with seal of officer)

NOTE : 1. Revenue Officer means the Chief Officer in charge of Revenue Administrative in the District, Sub-Division of Tahasil & includes Additional Magistrate and Additional Tahasildar.
This is to certify that Sri / Smt. / Miss …………………………………………………………..
Son/ Daughter / Wife of Sri ………………………………………………………………………
of Village / Town ………………………………………………………………………………..
P.S. ………………………………………………. Tahasil ………………………………………
in the District of ……………………………………..… in the State of Odisha

belongs to the ……………………………. Caste / Tribe which is recognized as Scheduled
Caste / Tribe and under Constitution (Scheduled Caste) order 1950 / the Constitution (Scheduled
Tribe) order, 1950 as amended by the Scheduled Castes and Scheduled Tribes (Amendment) orders
Act 1976.

The place of birth of Sri / Smt. / Miss ………………………………………………………….. is of Village /
Town ……………………………………………….. P.S. ………………………………………Tahasil
………………………………………………….. in the District of …………………………………….. of the
State of Odisha.

Full Signature of the applicant

Signature of Revenue Officer

Date –

Round seal of Office

Designation (with seal of officer)
APPENDIX – III

CERTIFICATE OF EX-SERVICEMEN / SERVICEMEN

1. Name of the ex-Serviceman / Serviceman : 

2. Permanent address as per service records : 

3. Rank in Defense Service : 

4. Last place of posting (in case of Ex-Servicemen) : 

5. Present place of posting (in case of serving personnel) : 

6. Full name of the candidate : 

7. Relationship of the ex-Serviceman / Serviceman with the candidate : 

Full Signature of Station Commander / Officer Commanding / Officer-in-Charge / Secretary, Zilla / Rajya Sainik Board

Full signature of candidate’s Parent

Designation with Seal of Office

Date -
APPENDIX – IV

(To be submitted by the selected candidates at the time of admission)

I, Sri / Smt. ……………………………………………………………………. Name of the Local Guardian
(Address of the Local Guardian) ……………………………………………………………………………………………………………………………………….. Undertake
to act as the Local Guardian of Miss / Smt./Sri ……………………………… Daughter / Wife /
Son/Ward of Sri / Smt. ………………………………………………………………..
………………………………………………………………………………………………………. During her / his period of study in the College of Nursing,
…………………………………………………………………………………………………………………………………………………………………………………………………………………..
I also undertake to act on behalf of the parents / husband of the said student during the period
of study in the College of Nursing, ………………………………………….. for which I have been
empowered by the parent / guardian / husband of the said student.

I further undertake to take custody of the above student if and when required by the College
authorities and to ensure that she / he maintains the academic discipline and good conduct during the
period of study in the aforesaid institution.

Place - ……………………………. Signature in full of the Local Guardian
Date - ……………………………….

ATTESTATION BY PARENT / HUSBAND / GUARDIAN

The above undertaking has been signed in my presence, I empower Sri / Smt…. ………………………………………………………………………….. to act as Local Guardian of my
daughter/wife/Son/ Ward, Miss/ Smt./ Sri…………………………………………… during the period of
her/his studentship in the College of Nursing ……………………... .
…………………………………………………………………………………………………………………………………………………………………………………………………………………..
Place - ……………………………. Signature in full of the
Date - ………………………………... Parent / Guardian / Husband
Signature in full of the Student
CERTIFICATE OF PHYSICAL FITNESS IN RESPECT OF SELECTED CANDIDATES FOR ADMISSION INTO THE BASIC B.Sc. NURSING COURSE – 2014 - 15

Name of the Candidate in full ___________________________________________ Weight ___________________________
Age ___________ Height ___________ Sex – ____________

Heart _______________ Eye _______________ Teeth ___________ Liver ___________ Lungs _______________
Spleen _______________ Blood Pressure ________________

Blood Group ________________

Please indicate if Pregnant _______________________ (Incase of Female Candidates)
Date of L.M.P. _________________________________ (Incase of Female Candidates)

Previous Medical History, if any _____________________________

Personal Remarks of Identification

1. _______________________________________________________________________________________

2. _______________________________________________________________________________________

I certify that I have examined the above named candidate and can not discover that she/he has any diseases, constitutional weakness or bodily infirmity and I consider that the candidate is physically / mentally fit to undergo Basic B.Sc. Nursing Course under Health & F. W. Department.

SIGNATURE OF THE CANDIDATE

Signature & Seal of Medical Officer
Govt. of Odisha.

Designation –

Date -

NOTE :-  This certificate be detached for submission only by the selected candidates on the date of counselling.

➢ Not to be submitted along with Application Form.
## SBI CHALLAN

<table>
<thead>
<tr>
<th>BANK’S SLIP</th>
<th>CANDIDATE’S SLIP</th>
<th>DEPARTMENT’S SLIP</th>
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</thead>
<tbody>
<tr>
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<td>STATE BANK OF INDIA (POWER JYOTI ACCOUNT)</td>
<td>STATE BANK OF INDIA (POWER JYOTI ACCOUNT)</td>
</tr>
<tr>
<td>CHAIRMAN, BASIC B.Sc. Nsg. SELEC. COMM. &amp; DIRECTOR NURSING, ODISHA ACCOUNT No. 30760841412 Name of candidate: -</td>
<td>CHAIRMAN, BASIC B.Sc. Nsg. SELEC. COMM. &amp; DIRECTOR NURSING, ODISHA ACCOUNT No. 30760841412 Name of candidate: -</td>
<td>CHAIRMAN, BASIC B.Sc. Nsg. SELEC. COMM. &amp; DIRECTOR NURSING, ODISHA ACCOUNT No. 30760841412 Name of candidate: -</td>
</tr>
<tr>
<td>Branch Name Branch Code Amount Rs. 500/- In words (Rupees Five Hundred) only Journal No. .................................................. (To be filled by Bank)</td>
<td>Branch Name Branch Code Amount Rs. 500/- In words (Rupees Five Hundred) only Journal No. .................................................. (To be filled by Bank)</td>
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</tr>
</tbody>
</table>

Fees remitting Branch may collect Rs. 50/- (Rupees Fifty) only towards non-home charges from the remitter separately.
ACKNOWLEDGEMENT


2. Your reference No. is ……………………………. 

3. Please quote above Reference No. in any communication made with the office of the Convener

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ADDRESS

(To be filled in by candidate)

To

Smt. ____________________________________________

C/o- ____________________________________________

P.O.- ____________________________________________

Dist.- __________________________ State - __________

Pin - ________________

From

Convener,  
Odisha, Bhubaneswar, Pin - 751001