



**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 - VVisual Impairment  D4 - Low Vision

Leprosy Cured

Mental Retardation

Mental Illness

**25. Educational Qualifications:**

a) Whether 10 <sup>th</sup> or 12 <sup>th</sup> pass A1 - 12 <sup>th</sup> <input type="text"/> B2 - 10 <sup>th</sup> <input type="text"/>	b) Main Subjects 1. _____ 2. _____ 3. _____	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**

a) Qualification A1 - GNM <input type="text"/> B2 - BScN <input type="text"/> C3-Any other <input type="text"/>	b) Main Subjects 1. _____ 2. _____ 3. _____ 4. _____	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

h) Whether in Service A1 - Yes  B2 - No

Place of work .....

i) Years of experience after RN/RM

**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**

1. Please send your Application Form by Registered/Speed Post to School of Health Sciences, IGNOU.
2. Last date for receipt of filled in application form is as per advertisement.
3. Please retain photo copy of the filled application form for future reference.
4. For Detailed instructions please refer Student Handbook & Porspectus.
5. 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.
6. Original Certificates will be verified.
7. 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 \_\_\_\_\_