

Check List for Post Basic BSc Nursing

Course, 2026-27

1. Marks card of 10th, 11th and 12th and all GNM Marks cards.
2. Domicile certificate.
3. Date of Birth(10th Class)
4. Registration certificate & Diploma certificate issued by J&K Paramedical Council.
5. Medical fitness certificate.
6. Provisional, Character and Discharge certificate.
7. NOC from the employer, if employed.
8. Aadhar card.
9. Category certificate, if any
10. Affidavit regarding gap period, if any duly registered in the Court of law.
10. Affidavit regarding genuineness of certificates/ documents duly registered in the Court of Law.
11. Passport size Photographs (04 Nos) of candidate and 01 of Parent(in addition to photographs to be affixed on form).
12. File Cover.

(All the above mentioned documents are required to be submitted in original along-with one photostat set at the time of admission)

Important Note:

The admission taken by the candidate shall be considered as final(subject to upgradation, if any, by BOPEE). No candidate shall be allowed to leave the training/ course half way or incomplete and is bound to attend the classes regularly. In case of leaving the training/ course half way at any point of time, he shall be bound to pay all the tuition fee of the Course. No original document shall be returned back to the candidate/s who will leave the training halfway.

AFFIDAVIT

I, S/O,D/O R/O
....., do hereby solemnly affirm and declare on oath as under:

1. That I am the domicile of UT of J&K having residence at.....
2. That I have qualified GNM examination from through..... in the year.....under Roll No.:
3. That I have been selected by the BOPEE vide Notification No..... dated:.....at Rank No.:..... forCourse and subsequently as per their direction, got admission at Ibn-Sina College of Nursing and Health Sciences for training in the said course from the Academic year
4. That I will not leave the training half way and am bound to pay all the dues/fee etc. in time as and when asked by the College authorities.
5. That in case of leaving the training incomplete/halfway, I will be bound to pay fee for full training Course and will not demand for return of original documents.
6. That I will ensure to attend the classes regularly.
7. That I am neither enrolled in any institution nor am I pursuing any other degree/course in any other institution and am also not engaged/working in any Govt. or Semi Govt. Department/Organization/Company etc.
8. That I shall be bound to keep all the original documents required by the College authorities with them for the entire period of training and shall not insist for returning of the same till the entire training period is over.
9. That I will produce / deposit original GNM Registration certificate in the college office within 03 months from the date of admission.
10. That I solicit this affidavit before the concerned authorities of the college and the information including the original/ photostat copies of documents provided/ submitted by me are genuine/ true and correct.
11. That I shall be personally responsible for the statement made herein above. That in case of remaining absent, the authorities of Ibn Sina institution shall be at liberty to cancel my admission.

DEPONENT

VERIFICATION:

Verified that the statement made herein above is true and correct to the best of my knowledge and belief and nothing has been hidden or concealed therein.

Judicial Magistrate

DEPONENT



AFFIDAVIT

I,.....S/O D/O R/O
.....do hereby solemnly affirm and declare on oath
as under:

1. That I am the domicile of UT of J&K having residence at.....
2. That I have qualified 12th Class Examination from in the year..... and GNM examination from.....in the yearand subsequently discharge certificate was issued in my favour on
3. That I got admission for at Ibn-Sina College of Nursing and Health Sciences in the year
4. That from to I was preparing for and I have not joined any institution during the said period.
5. That I solicit this affidavit before the concerned authorities of the college and the information provided by me is true and correct.
6. That I shall be personally responsible for the statement made herein above.

Hence this affidavit

DEPONENT

VERIFICATION:

Verified that the statement made herein above is true and correct and nothing has been hidden or concealed therein.

DEPONENT

JM

PHYSICAL FITNESS CERTIFICATE

This is to certify that I have examined
Sh/Smt _____ D/o/S/O _____
R/o _____. He/She is physically fit for any job
or undergoing any training in any Educational/technical
institution.

Signature & Seal of Medical
Officer/ Govt. Doctor/Private Doctor
Registration No: _____
Dated: _____