Check List for BSc Nursing/Paramedical Courses, 2026-27

1. Marks card of 10th, 11th and 12th.
2. Domicile certificate.
3. Date of Birth(10th Class)
4. Medical fitness certificate.
5. Provisional, Character and Discharge certificate.
6. NOC from the employer, if employed.
7. Aadhar card.
8. Category certificate, if any
9. 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.
12. File Cover.
13. Paramedical (12th based Diploma(for Lateral entry candidates only).

(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.

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A F F I D A V I T(for BSc/Paramedical)

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 my 10 + 2 (12th class) examination from .....through JK BOSE in the year.....under Board Roll No:.....
3. That I have been selected by the BOPEE vide Notification No:.....dated:.....having,Rank.No:_____for _____Course 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 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.
10. That I shall be personally responsible for the statement made herein above
11. In case of remaining absent, the authorities of the 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.

DEPONENT

(To be attested by Judicial Magistrate)

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 my 10 + 2 (12th class) examination from ..... in the year..... and 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 was not on the rolls of 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.

JM

DEPONENT

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:_____