ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR,
HYDERABAD METROPOLITAN REGION (HMR) TELANGANA-508126, INDIA
अखिलभारतीयआयुर्विज्ञानसंस्थान, बीबीनगर
हैदराबाद मेट्रोपोलिटन क्षेत्र (एच एम आर), तेलंगाना – 508126, भारत

संख्या/No: AIIMS/BBN/M.Sc.Nsg/Adm/Registrar/2025/ दिनांक/Date: 22/07/2025

INSTRUCTIONS FOR REPORTING OF M.Sc. NURSING CANDIDATES FOR AUGUST 2025

SESSION AND CHECKLIST FOR VERIFICATION OF DOCUMENTS FOR M.SC NURSING ADMISSIONS

1.All the students who have exercised round 1 (Accepted the allotted seat) should get DD/NEFT/Online/UPI of Rs. 2,515/- in the name of **"The Director AIIMS, Bibinagar payable at AIIMS Bibinagar"** at the time of reporting.

2.Original documents along with Demand Draft/NEFT/Online/UPI towards fee payable for Admission to be submitted while reporting are as follows:

Sl.No.	Name of the Documents
1	Admit card issued by AIIMS
2	Registration Slip
3	Offer Letter
4	Seat allocation Letter
5	Certificate in proof of passing the 12th class under 10+2 Scheme/ /Senior School Certificate Examination/Intermediate Science or an equivalent examination from a recognized Board.
6	Certificate from the Board showing her Date of Birth. (10th Passing Certificate)
7	Mark-sheet of the qualifying examination i.e. 12th class under 10+2 scheme/Intermediate Science or an equivalent examination in proof of having secured 55% or more marks (50% in case of SC/ST) in aggregate in the subjects of English, Physics, Chemistry & Biology).
8	B.Sc(Nursing) Migration Certificate.
9	B.Sc (N) Degree/ provisional certificate/Passing proof of having passed the qualifying examination up to 31July2025.
10	In case result not declared, the bonafide certificate issued by the college (As per the enclosed format)
11	**SELF-UNDERTAKINGS** 1.Distant learning OR Regular course 2.Tenure completion date including Internship (Annexure -
12	Mark Sheets of the qualifying examination with 60%marks for Gen /OBC/EWS candidates (55%marks

	in SC/ST candidates)
13	Registration Certificate for Nursing candidates Only
14	Affidavit -Undertaking of Tenure completion
15	The candidate should also bring the following certificate, if applicable: A. SC/ST Certificate issued by the competent authority and should be in English or Hindi in language. Community should be clearly mentioned in the certificate. B. OBC/EWS Certificate issued by the competent authority for central Govt. Jobs/for admission in Central Govt. College/Institute. The sub-caste should tally with the Central List of OBC (Latest). OBC candidates should not belong Creamy Layer. OBC certificate must be in the Central Govt. Format as prescribed in the prospectus and in result notification. C. Persons with Benchmark Disability (PWBD) Certificate issued from a duly constituted and authorized Medical Board as mentioned in the prospectus
16	Self-attested one set photocopy of above certificates.

3. Students not submitting above original documents should submit Demand Draft (DD) of Rs. 1.00, 000/- (Rupees One Lakh Only) in the name of "AIIMS MAIN GRANT payable at Ansari Nagar, AIIMS New Delhi Branch"at the time of reporting.

4.Date & Time of reporting to the institute (AIIMS, Bibinagar), kindly check with website of AIIMS Delhi Examination (AIIMS(aiimsexams.ac.in))/AIIMS, Bibinagar (AIIMS (aiimsbibinagar.edu.in))

5.Payment Account Details given below

Name of Bank	Bank of Baroda
Branch	AIIMS, Bibinagar
Name of Account Holder	AIIMS BIBINAGAR
Account number	66120100000006
IFSC	BARB0 (Zero)DBCHND

(डॉ.) बी. अपर्णा वर्मा / (Dr. B. Aparna Varma),
रजिस्ट्रीकरण अधिकारी / Registrar,
एम्स, बीबीनगर / AIIMS, Bibinagar

Annexure -II

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR,
Hyderabad Metropolitan Region, TELANGANA - 508126
अखिलभारतीयआयुर्विज्ञानसंस्थान,बीबीनगर,
हैदराबादमेट्रोपोलिटनक्षेत्र,**तेलंगाना** – **508126**

Check List For Verification Of Documents For M.Sc (Nursing)Course

Sl No	Documents	Yes/No	Remarks
1	Offer Letter		
2	Seat allocation Slip		
3	Final Registration Slip		
4	Admit Card issued by AIIMS		
5	Birth Certificate or High School certificate showing date of Birth		
6	Proof of belonging to reserved category such as Scheduled Caste/Scheduled Tribe/OBC/EWS Certificate/PWBD. -OBC certificate issued in between 1/04/2025- 15/05/2025 (Both dates inclusive) will be treated as valid. EWS certificate issued in between 01.04.2025 to 15.05.2025(Both dates inclusive) will be treated as valid for the financial year 2024-2025 and income year 2023-2024.		
7	B.Sc (N) Degree/ provisional certificate/Passing proof of having passed the qualifying examination up to 31July2025.		
8	In case result not declared, the bonafide certificate issued by the college (As per the enclosed format)		
9	**SELF-UNDERTAKINGS** 1.Distant learning OR Regular course 2.Tenure completion date including Internship (Annexure -		
10	Mark Sheets of the qualifying examination with 60%marks for Gen /OBC/EWS candidates (55%marks in SC/ST candidates)		
11	Registration Certificate for Nursing candidates Only.		
12	Affidavit -Undertaking of Tenure completion,		
13	Demand draft towards fee payable for admission (Online payment Receipt)		
14	Copies of the relevant documents		
15	Anti Ragging -Affidavit		
16	Undertaking forms		

Name of the candidate **Signature of the candidate**

Note: Kindly refer to website of AIIMS Delhi, Examination http:/www.aiimsexams.ac.in any other instruction as per option chosen

Admission officials **Name** **signature**

1.---------- **----------**

2.---------- **----------**

Annexure -II

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR,
HYDERABAD METROPOLITAN REGION (HMR) TELANGANA-508126, INDIA
अखिलभारतीयआयुर्विज्ञानसंस्थान, बीबीनगर
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DOCUMENT RECEIPT

This is to certify that following Original /Xerox documents of Mr/Ms ……
Roll No. …….. Reg. No……..
Rank …… S/D/o……Are deposited in AIIMS Bibinagar in compliance with legal provisions regarding admission in M.Sc. Nursing2023 counselling Round:_____

	Documents	Yes/No	Remarks
1.	**Class 10th marks sheet**		
2.	**Class 10th passing certificate**		
3.	**Class 12th marks sheet**		
4.	**Class 12th passing certificate**		
5	**B.Sc Nursing Degree /Provisional certificate**		
	B.Sc Nursing Degree marksheets		
5.	**Tenure completion certificate**		
	Registration certificate (State Nursing Council)		
	Migration certificate		
6.	**Date of Birth Certificate (if Metric Certificate does not bear the same)**		
7.	**Admit card (provided by AIIMS New Delhi)**		
8.	**Result Rank letter issued by AIIMS New Delhi**		
9.	**Registration slip (provided by AIIMS New Delhi)**		
10.	**Allotment letter (provided by AIIMS New Delhi)**		
11.	**Caste certificate (in case SC/ST/OBC/EWS candidates) & Disability certificate (whenever required)**		
12.	**Willing for participation in next round**		

Note: kindly also refer to website of AIIMS Delhi examination http://www.aiimsexams.ac.in any for any other instruction as per option chosen

Issue Date:_____

File No:_____

Dean(Academics)
AIIMS Bibinagar

Registrar
AIIMS Bibinagar

Annexure -IV

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR,
HYDERABAD METROPOLITAN REGION (HMR) TELANGANA-508126, INDIA
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Affidavit format non-judicial stamp paper of Rs. 10/- or above and notarized

I,.....................................son/daughter of............................hereby solemnly affirm that the following statements made by me arc true to the best of my knowledge and belief that

1. I am a citizen of India.
2. I hereby undertake that my final result & tenure of B.Sc (Nursing) course including internship is completed by 31st July 2024 & I am fulfilling eligibility criteria as notified in the prospectus for August,2024 session.
3. I fulfill the eligibility criteria as specified in the prospectus.
4. I have studied and understood the rules governing admission procedure, fee structure and agree to abide by these rules.
5. If admitted to AIIMS Bibinagar, I will abide by all its rules and regulations framed time to time regarding discipline, attendance, examinations and patient care etc. I understand that failure to comply with the rules and regulations may invite disciplinary action from the Institution authorities.
6. I will not involve myself in any action of ragging during the course of my education at AIIMS Bibinagar. I understand that involvement in ragging is a cognizable offence and it will result in police action and would result into cancellation of my admission to the course.
7. I will not be using any motorised vehicle (bike & car) in the campus of AIIMS Bibinagar. I understand that if found using the vehicle, it will be confiscated

Name of the candidate:
Date:
Place:

Left Thumb Impression of the Candidate

I, ... The father /mother/guardian of .. . . an applicant for admission to B.Sc. Nursing course at AIIMS, Bibinagar, hereby solemnly affirm that all the above statements made by my son/daughter/ward are true to the best of my knowledge and belief. I will be responsible for his/her conduct.

Name of the Parent/guardian:
Relationship to candidate:
Date:
Address with Phone No. and Email -
Signature of the Parent/Guardian

Left Thumb Impression of the Parent/Guardian

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR,
HYDERABAD METROPOLITAN REGION (HMR) TELANGANA-508126, INDIA
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हैदराबाद मेट्रोपोलिटन क्षेत्र (एच एम आर), तेलंगाना – 508126, भारत

Affidavit format non-judicial stamp paper of Rs. 10/- or above and notarized

I,_____son/daughter of_____ hereby solemnly affirm that the following statements made by me are true to the best of my knowledge and belief that

1. I am a citizen of India.
2. I have completed 17 years of age on...../will be completing 17 years of age on
3. I fulfill the eligibility criteria as specified in the prospectus.
4. I have studied and understood the rules governing admission procedure, fee structure and agree to abide by these rules.
5. If admitted to AIIMS Bibinagar, I will abide by all its rules and regulations framed time to time regarding discipline, attendance, examinations and patient care etc. I understand that failure to comply with the rules and regulations may invite disciplinary action from the Institution authorities.
6. I will not involve myself in any action of ragging during the course of my education at AIIMS Bibinagar. I understand that involvement in ragging is a cognizable offence and it will result in police action and would result into cancellation of my admission to the course.
7. I will not be using any motorised vehicle (bike & car) in the campus of AIIMS Bibinagar. I understand that if found using the vehicle, it will be confiscated

Name of the candidate:
Date:
Place:

Left Thumb Impression of the Parent/Guardian

I, ... The father /mother/guardian of .. ... ……
.....an applicant for admission to MBBS/
Nursing course at AIIMS, Bibinagar, hereby solemnly affirm that all the above statements made by my son/daughter/ward are true to the best of my knowledge and belief. I will be responsible for his/her conduct.

Name of the Parent/guardian:
Relationship to candidate:
Date:
Address with Phone No. and Email –
Signature of the Parent/Guardian

Left Thumb Impression of the Parent/Guardian

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR,
HYDERABAD METROPOLITAN REGION (HMR) TELANGANA-508126, INDIA
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ANTI-RAGGING UNDERTAKING BY THE STUDENT

1. I, ……..S/0 .D/O…….having been admitted to AIIMS Bibinagar, have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the Regulations) carefully read and fully understood the provisions contained in the said Regulations .
2. I have, in particular perused clause 3 of the Regulations and am aware as to what constitutes ragging
3. I have, in particular perused clause 3 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty for abetting ragging, actively or passively, or being part of a conspiracy to promote ragging
4. I hereby solemnly aver and undertake that I will not indulge in any behavior or act that maybe constituted as ragging under clause 3 of the Regulations. I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations , without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of , abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case of declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared on ---------- Signature of Deponent ----------

Name: .....

VERIFICATION - Verified that the contents of this undertaking are true to the best of my knowledge and no part of the undertaking is false and nothing has been concealed or misstated therein.

Signature of Deponent ----------

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Undertaking by parent/guardian

1. I,.....father/mother/guardian of….....having been admitted to AIIMS Bibinagar, have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the Regulations) carefully read and fully understood the provisions contained in the said Regulations .
2. I have, in particular perused clause 3 of the Regulations and am aware as to what constitutes ragging
3. I have also, in particular perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging
4. I hereby solemnly aver and undertake that my ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations. My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations
5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law for the time being inforce
6. I hereby declare that my ward has not been expelled or declared from admission in any institution in the country on account of being guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled

Declared on ---------- Signature of deponent ----------

Name :
Address :

VERIFICATION - Verified that the contents of this undertaking are true to the best of my knowledge and no part of undertaking is false and nothing has been concealed or misstated therein.

Signature of deponent .....

APPENDIX-A-2

CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN EXAMINEE TO WRITE

(To be submitted on or before the date as specified in Important Dates of this information brochure)

This is to certify that, I have examined Mr/Ms/Mrs _____ (name of the candidate with disability), a person with _____(nature and percentage of disability as mentioned in the certificate of disability), S/o/D/o_____ _____, a resident of_____(Village/ District/ State) and to state that he / she has physical limitations which hampers his/her writing capabilities owing to his/her disability.

Signature Chief Medical Officer/ Civil Surgeon/ Medical Superintendent of a Government health care institution.

Name of Government Hospital / Health Care Centre with

Seal Place:
Date:

Note:
Certificate should be given by a specialist of the relevant stream / disability (e.g. Visual impairment- Ophthalmologist, Locomotor disability- Orthopedic specialist/ PMR).

Please see that you must submit any other certificate (if applicable) within the due date as mentioned in the prospectus in addition to this, failing which the above facilities may not be provided.

Certificate for person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2 (r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing.

* * * * * * * ** * *

This is to certify that, we have examined Mr./Ms/Mrs_____(name of the candidate), S/o / D/o _____, a resident of _____ _____(Vill/PO/PS/District/State), aged _____yrs, a person with _____(nature of disability/ condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. He/she requires support of scribe for writing the examination.

1. The above candidate users aids and assistive device such as prosthetics & orthotics, hearing aid _____(name to be specified) which is/are essential for the candidate to appear at the examination with the assistance of scribe.
2. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid upto _____(it is valid for maximum period of six months or less as may be certified by the medical authority).

Signature of medical authority

(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)
Orthopedic/PMR specialist	Clinical Psychologist/Rehabilitation Psychologist/Psychiatrist/Special Educator	Neurologist (If available)	Occupational therapist (If available)	Other Expert, as nominated by the Chairperson (If any)
Signature & Name				
Chief Medical Officer/Civil Surgeon/Chief District Medical Officer.....Chairperson				

Name of Government Hospital/Health Care Centre with Seal

Place:
Date:

PROFORMA FOR OTHER BACKWARD CLASS (OBC(NCL)) CERTIFICATE

(Certificate to be produced by other Backward Classes applying for Admission to Central Educational Institutions (CEIs), Under The Government of India)

Certificate No. Date of issue

This is to certify that Shri / Smt./Kum._____
Son/Daughter of Shri/Smt._____ of Village/Town_____District/Division_____ in the _____State belongs to the _____Community which is recognized as a backward class under:

(i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary part I Section I No. 186 dated 13/09/93.
(ii) Resolution No. 12011/9/94-BCC dated 19/10/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary part I Section I No. 163 dated 20/10/94.
(iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary part I Section I dated 25/05/95.
(iv) Resolution No. 12011/96/94-BCC dated 09/03/96.
(v) Resolution No. 12011/44/94-BCC dated 06/12/96 published in the Gazette of India Extraordinary part I Section I No. 210 dated 11/12/96.
(vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
(vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
(viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
(ix) Resolution No. 12011/88/99-BCC dated 06/12/99 published in the Gazette of India Extraordinary Part I Section I No. 270 dated 06/12/99.
(x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No. 71 dated 04/04/2000.
(xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section 1 No. 210 dated 21/09/2000.
(xii) Resolution No. 12015/09/2000-BCC dated 06/09/2001.
(xiii) Resolution No. 12011/01/2001-BCC dated 19/06/2003.
(xiv) Resolution No. 12011/04/2002-BCC dated 13/01/2004.
(xv) Resolution No. 12011/09/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 16/01/2006.

Shri/Smt./Kum. _____and/or his family ordinarily reside(s) in the_____ District/Division of _ State.

This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Scheduled to the Government of India. Department of Personnel & Training O.M. No. 36012/22/93- Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt. (Res.) dated 09/03/2004 or the latest notification of the Government of India.

Dated :

District Magistrate/Competent Authority
Seal

NOTE:

a) The Term Ordinarily used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

b) The authorities competent to issue Caste Certificates are indicated below:

(i) District Magistrate/Additional Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/Ist Class Stipendiary Magistrate/Sub-Divisional Magistrate/ Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate.)

(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.

(iii) Revenue Officer not below the rank of Tehsildar.

(i) Sub-Divisional Officer of the area where the candidate and/or his family resides.

FORM OF SC/ST CERTIFICATE PRESCRIBED

Form of certificate as prescribed in M.H.A., O.M., No. 42/21/49-N.G.S. dated the 28.1.1952, as revised in Dept. of Per-& A.R. letter No. 36012/6/76-Est. (SC/ST), dated the 29.10.1977, to be produced by candidate belonging to a Scheduled Caste or a Scheduled Tribe in support of his/her claim.

CASTE CERTIFICATE

This is to certify that Shri/Smt./Kum.*..... son/daughter*of.....of village/town*.....in district/Division*.....of the State/Union Territory*.....belongs to the .....Caste/Tribe which is recognised as a Scheduled Caste/Scheduled Tribe* under:

- The Constitution (Scheduled Caste) Order, 1950
- The Constitution (Scheduled Tribe) Order, 1950
- The Constitution (Scheduled Caste) (Union Territories) Order, 1951
- The Constitution (Scheduled Tribe) (Union Territories) Order, 1951

% 1. (as amended by the Scheduled Caste and Scheduled Tribes Lists (Modification) Order, 1956, the Bombay Re-Organization Act, 1960, the Punjab Re-Organization Act, 1966, the State of Himachal Pradesh Act, 1970 the North Eastern Areas (Re-organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act, 1976). The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956.

- The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.
- The Constitution (Dadra and Nagar Haveli) Scheduled Caste Order, 1962.
- The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962.
- The Constitution (Pondichery) Scheduled Caste Order, 1964
- The Constitution (Uttar Pradesh) (Scheduled Tribes) Order, 1967
- The Constitution (Goa, Daman & Diu) Scheduled Caste Order, 1968.
- The Constitution (Goa, Daman & Diu) Scheduled Tribes Order, 1968.
- The Constitution (Nagaland) Scheduled Tribes Order, 1970.
- The Constitution (Sikkim) Scheduled Caste Order, 1978.
- The Constitution (Sikkim) Scheduled Tribes Order, 1978.

% 2. Applicable in the case of Scheduled Caste/Schedule Tribe persons who have migrated from one State/ Union Territory Administration:

This certificate is issued on the basis of the Scheduled Caste/Scheduled Tribe certificate issued to Shri / Smt*.....father/mother of Shri/Smt/Kum*.....of village/town*.....in District/Division* of the State/Union Territory* ..... who belongs to the.....caste/tribe which is recognised as a Scheduled Caste/Scheduled Tribe* in the State/Union Territory*.....issued by the (name of prescribed authority) vide their No.....date..... % 3. Shri*/Smt.*/Kum* ..... and/or his/her* family ordinary reside(s) in village/town* ..... of the State/Union Territory of.....

Signature.....

Place ..... State/Union Territory **Designation.....
Date ..... (With seal of Office)

- Please delete the words which are not applicable.
- Please quote specific Presidential Order.

% Delete the paragraph which is not applicable.

****** Should be signed by the Authorities empowered to issue Scheduled Caste/Scheduled Tribe certificates as specified above.

Annexure-1

Government of. .....

(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO· BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No.-----

Date:----------

VALID FOR THE YEAR 2024-25

This is to certify that Shri/Smt./Kumari son/daughter/wife of permanent resident of , Village/Street Post Office District in the State/Union Territory Pin Code whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her 'family" * is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year **2023-24**. His/her family does not own or possess any of the following assets***:

L 5 acres of agricultural land and above;

II. Residential flat of 1000 sq. ft. and above;

III. Residential plot of 100 sq. yards and above in notified municipalities;

IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari belongs to the caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of
Office _ Name
Designation

Recent Passport size attested photograph of the applicant

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*Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status

UNDERTAKING

Rank No: ----------

I,----------hereby request to allow to join provisionally on the basis of following undertaking and confirmation of seat subject to fulfillment of following requirement ,as noticed in the prospectus for M.Sc Nursing course before the date of medical to be held on ----------/---------- for August ,2025 session.

- I hereby undertake that tenure of my B.Sc(Nursing) course including internship is likely to be completed by 31st July 2025 including result declaration.

OR

- I hereby undertake that Internship is not a part of my B.Sc---------- course and my tenure is likely to be completed by 31st July 2025including result declaration.

If my above statement found false then my candidature may be treated as cancelled /terminated at any stage.

Signature of the Candidate :----------

Full name in Capital letters :----------

Mobile no:----------

Dated: ----------

UNDERTAKING FOR NURSING REGISTARTION

Rank No: ----------

- I,----------hereby undertake that tenure of my B.Sc Nursing) course is completed on ----------and I have already applied for registration acknowledgement enclosed. I will submit my Registration Certificate at the time of Joining.

OR

I,---------- hereby undertake that tenure of B.Sc Nursing course is likely to be completed by 31st July 2025.I will submit my Registration certificate at the time of Joining.

Signature of the Candidate :----------

Full name in Capital letters :----------

Mobile no:----------

Dated: ----------