

MADHYA PRADESH MEDICAL SCIENCE UNIVERSITY, JABALPUR (M.P.)

EXAMINATION FORM FOR B.Sc. NURSING N01/I-16N

To be filled by the University															
ENROLLMENT NUMBER															
COLLEGE CODE															

Note: Examination fee once submitted shall not be refunded on any ground, hence, please make sure that 1) you are eligible to appear in the exam, 2) you were admitted to the course before the cut of date and 3) your enrollment form was submitted to the MPMSU on time

То

The Controller of Examination Madhya Pradesh Medical Science University Jabalpur (M.P.)

Sir,

I request permission to present myself at the ensuing **First year B.Sc. Nursing** Examination to be held in **2016.** I furnish my details as stated below:-

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13. I will be appearing for the following Subjects:-

Sr.	Subject Name	Attenda	nce %	Inte	ernal	Class	Class
No		Theory (min. 80%)	Practical (100 %)		sment of 25)	coordinator Name	coordinator Signature
1	Anatomy & Physiology						
2	Nutrition and Biochemistry						
3	Nursing foundation						
4	Psychology						
5	Microbiology						
6	English						
7	Introduction to computer			IA (25)	EA (75)		

14. DECLARATION BY THE CANDIDATE

- 1) I am aware that, I have to fulfil criteria of attendance and Internal Assessment prescribed by the University/ INC, failing which I shall be held "NOT ELIGIBLE" and will not be allowed to appear for Examination.
- 2) I hereby declare that I have gone through the syllabus as prescribed and adopted by the University and relevant rules of the Heads of Passing which are applicable for the examination for which I am appearing and I accept the same without any challenge (wherever applicable).
- 3) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me in the examination form.
- 4) I am not admitted to the course after the cut-off date declared by the University for grant of terms
- 5) I fulfil all the criteria for the admission in the course as defined by the INC/ University and I am not defying the criteria of the admission order.

Place:

Date:

Signature of Candidate in running hand

15. FOR THE USE OF ISTITUTION OFFICE

Fulfils attendance criteria	YES	NO	Fulfils Internal Assessment criteria	YES	NO
		Attac	hments		
Fee Receipt No.	YES	NO	Migration certificate Original (if not	YES	NO
Class XII Mark sheet Copy	YES	NO	submitted with enrolment form)		
Signature of verifying officer					

16. CERTIFICATE BY THE HEAD OF INSTITUTION

I certify:

- 1. That Shri/Smt/Kum. is a bonafide student of this college, admitted to the B.Sc. Nursing course in the Admission Session 2015-16. He/she is not admitted to the course after the cut-off date for grant of terms.
- **2.** * That his/her attendance is not less than as prescribed by the Indian Nursing Council norms in lecture teaching and practical work up to submission of this application. **OR**

* I find him/her eligible under provisions of MPMSU ordinance 6/14 section 5.1

*(Cancel whichever is not applicable)

- 3. That the candidate has completed the academic terms and appeared in mandatory number of internal assessment tests as per the INC rules and has scored internal assessment marks required to appear in this examination (wherever applicable).
- 4. That the information furnished by the said candidate is verified from his/her documents and that the candidate is Eligible to appear for University Examination.



MADHYA PRADESH MEDICAL SCIENCE UNIVERSITY, JABALPUR (M.P.)

ADMIT CARD FOR B.Sc. NURSING

(To be filled by Candidate)

CANDIDATES NAME		
FIRST NAME		
MIDDLE NAME		
SURNAME		
FATHERS NAME		
		5.
COLLEGE NAME		5.
		Paste (<i>do not</i>
COLLEGE CODE		<i>staple</i>) recent Photograph (Size
3. Left Hand Thumb Impression of the Candidate	Signature of the Candidate in running hand, within the box only	35mm× 45mm) duly attested by the Dean/Principal/Head of the Institution.
	(FOR THE UNIVERSITY USE ONLY)	
ENROLLMENT NUMBER		
ROLL NO		
THEORY EXAM CENTER		
AND CENTER CODE		
PRACTICAL EXAM CENTER AND CENTER CODE		

OSD Exam/Assistant Registrar

Note: If a candidate suppresses some vital information or gives false information to appear at an examination for which he/she is not eligible or entitled, the total amount of fee paid by him/her shall be forfeited. He/ She may be debarred for one term from appearing in further examination and / or a fine of Rs.500/- will be imposed. However, in case of subsequent indulgence of similar nature, the period of debarment may be extended up to three terms

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MADHYA PRADESH MEDICAL SCIENCE UNIVERSITY, JABALPUR (M.P.) (To be filled by Candidate)

EXAM ATTENDANCE SHEET FOR B.Sc. NURSING

CANDIDATES NAM	E		 			-		 	-		-					
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MIDDLE NAME																
SURNAME																
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FATHERS NAME																
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(FOR THE UNIVERSITY USE ONLY)

ENROLLMENT NUMBER	
ROLL NO	
EXAM CENTER	
EXAM CENTER CODE	

TO BE FILLED IN EXAM HALL													
Sr. No	SUBJECT/PAPER	DATE	CANDIDATE SIGNATURE	INVIGILATOR SIGNATURE									
1	Anatomy & Physiology												
2	Nutrition and Biochemistry												
3	Nursing foundation												
4	Psychology												
5	Microbiology												
6	English												

EXAMINATION FEE RECIEPT (COLLEGE COPY) Examination of First year B.Sc. Nursing

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No	Date:
NAME OF THE CANDIDATE:	
COLLEGE NAME AND CODE:	
TOTAL AMOUNT OF FEE DEPOSITED `	`
SIGNATURE OF CANDIDATE	SIGNATURE AND SEAL OF COLLEGE AUTHORITY
Ε	XAMINATION FEE RECIEPT (UNIVERSITY COPY) ation of First year B.Sc. Nursing
No	Date:
NAME OF THE CANDIDATE:	
COLLEGE NAME AND CODE:	
TOTAL AMOUNT OF FEE DEPOSITED `_	``
SIGNATURE OF CANDIDATE	SIGNATURE AND SEAL OF COLLEGE AUTHORITY
	XAMINATION FEE RECIEPT (CANDIDATE COPY) ation of First year B.Sc. Nursing
No	Date:
NAME OF THE CANDIDATE:	
COLLEGE NAME AND CODE:	
TOTAL AMOUNT OF FEE DEPOSITED `	×
SIGNATURE OF CANDIDATE	SIGNATURE AND SEAL OF COLLEGE AUTHORITY

ANNEXURE – 2

S No.	B.Sc. Nursing First year	
1	Examination fee	2200/-
2	Form fee	100/-
3	Total fee if form received on or before 29 th October, 2016	2300/-
4	Total fee if form received on or before 5 th November 2016	+600/-
		2900/-

EXAMINATION FEES (REFER MPMSU Ordinance 04/2014 table 16)

Dear Student,

You have downloaded the Examination application form for appearing in the first year **B.Sc. Nursing** Examination of 2016.

The Last due date of submission of this form to the University by your college is 29th October, 2016 without late fee and 5th November 2016 with Late fee. Since your form is to be forwarded and submitted by your college, they will decide the last date of submission of form to them.

Carefully follow the steps given below to apply.

- 1. Your application form has 4 pages. Have a print out of all the pages on a separate sheet of A4 size paper.
- 2. Have a print out of fee receipt form (annexure 1).
- 3. Collect the following information from your college office:
 - (a) Your theory and practical class attendance in the subjects for examination,
 - (b) Your theory and practical internal assessment marks in the subjects for examination.
- 4. Have the following documents ready with you for attaching to the application form:
 - (a) A self attested photocopy of your 10+2 board examination mark sheet,
 - (b) <u>Migration certificate from the board/ university last attended in original</u> (if not submitted with enrolment form)
 - (c) Your recent 35 mm (W) X 45 mm (L) *colored* photograph in a light colored dress.
- 5. Having satisfied yourself that you fulfill all eligibility criteria to appear in the examination deposit your exam fees (ANNEXURE 2) in the college office and get receipt in the fee receipt form.
- 6. How to fill the Examination form: (*use black ball point pen only. Use capital letters to enter characters*).

On page one in the boxes provided-

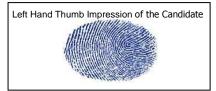
(1)Fill in your first name, second name and surname in the boxes

FIRST NAME	S	А	Ν	D	Н	Υ	А		
MIDDLE NAME	S	U	R	А	J				
SURNAME	R	А	Т	Н	Ι				

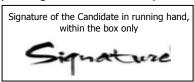
(2)Fill in your father's first name and Middle name and surname in the boxes, don't write Surname

(3)Fill in your college/institutes full name with district name

(4)Put your left thumb impression in the box provided



(5)Put your signature in the box provided



(6)Paste the photograph (see no. 4 (c) above) in the box. Photo must be attested by the dean/ principal of the institute.



(7) Enter your date of birth in dd-mm-yyyy format, i.e., if you are born on 15th Aug. 1996

7. Date of Birth													
Dat	e	Мо	nth		Ye	ar							
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(8) Put a right mark against your gender, i.e., if you are a girl mark as:

8. Gender	Male		Female	\checkmark

(9 to 12) Make the entries as required

On Page 2:

(13) Fill in the required data and have it verified from respective Class coordinator

(14) Put Place, Date and your signatures. Attach the following to the application form:

Attachments			
Fee Receipt University copy No.			
Class XII Mark sheet Copy			
Migration certificate Original (if not			
submitted with enrolment form)			

(15) Submit to the college office for forwarding to the university well with in time.

On Page 3:

Fill the required details. Don't write anything in the areas marked as **"for University use only"**

On Page 4:

Fill the required details. Don't write anything in the areas marked as **"for University use only"**

VERY IMPORTANT INSTRUCTIONS TO THE COLLEGES/INSTITUTES

- Submit properly filled application form of all the eligible students on or before 29th October, 2016 without late fee and 5th November 2016 with late fee.
- Collect exam fee of all the students of one course and make a single draft in the favor of "Registrar, M.P. Medical Science University, Jabalpur" payable at Jabalpur (separate draft of students of B.Sc. Nursing and separate draft for Post basic B.Sc. Nursing course)
- 3. If at any point of time it is found that the college/ institute has submitted or forwarded a form of student who is not illegible to appear in the exam or whose admission process is not as per rules prescribed by INC/ University, very strict action including legal action and disaffiliation of the college/ institute will be taken by the University
- 4. Scan first two pages of the form, save in "<u>JPG format-image size</u> <u>should be less than 300 kb</u>" with the name of the student and submit the CD/DVD along with form. Write the name of the institute on the CD/DVD with the help of permanent marker pen (forms will not be accepted without scanned document in a CD/DVD)