

From No. 001

TRIPURA COLLEGE OF NURSING

A unit of the

Society for Tripura Medical College & Dr. BRAM Teaching Hospital,
(Registered under Societies Registration Act, 1860)
Hapania, Agartala-799 014

Non-accepted /
Accepted & Roll No.
allotted _____

Signature of the Principal

APPLICATION FORM FOR ADMISSION TO B.Sc (Nursing). 2018-19

- Name of the candidate
(IN CAPITAL LETTER)
- Father's Name :
- Mother's Name :
- Address :
.....
.....
.....
..... Pin.....
Contact No:.....

Affix passport size
Photograph (taken in the
month of May/June
2018) of the candidate
attested by the Head of
the last Institute
attended/ Gazetted
Officer

5. Date of Birth : _____ / _____ /19_____ 6. Category : ST/SC/GENERAL
(as per Madhyamik Certificate)

7. Nationality :..... 8. Religion:..... 9. Sex : Male/Female

10. Educational qualification (Madhyamik/10th standard) :

| Name of the Examination | Year of Passing | Board/University | Division | Percentage of Marks |
|-------------------------|-----------------|------------------|----------|---------------------|
| | | | | |

11. Details of Qualifying H.S. (10+2) Examination / Equivalent Examination Passed or likely to be passed

| Name of the examination passed / appeared | Name of Board/ University | Name and Address of the School/College from where passed/appeared | Year of passing/ appeared | % of marks in Physics, Chemistry, Biology & English together (if mark-sheet is available) |
|---|---------------------------|---|---------------------------|---|
| | | | | |

DECLARATION

I, do hereby solemnly and sincerely affirm that the information furnished above is true and correct. I have not concealed any information. If any information furnished herein fraudulent, incorrect or untrue, I shall be liable to criminal prosecution along with the cancellation of the selection and admission to the course for feiting the fees deposited. I agree to abide by the Rules and Regulations governing the Institution.

Place :
Date :

.....
Signature of the Candidate

.....
Signature of the Parents/Guardians

Attested by the Head of the Institute last attended / Gazetted Officer

This is to attest that the particulars given in this Application Form including Name, Photograph, Address, Category, Date of Birth and the marks obtained statement, signature are true to the best of my knowledge.

Place :-
Date :-

Signature of the Head of the Institution/Gazetted Officer

Enclosed the self attested photo copies of :-

- i. Proof of Indian Nationality/ Permanent Resident Certificate.
- ii. Pass Certificate of Madhyamik/SSLC as proof of age.
- iii. Mark-sheet of Higher Secondary (10+2) or any equivalent examination from the recognized Board or the Admit card of the H.S. (10+2) examination pending declaration of the result.
- iv. ST/SC category certificate from the Competent Authority (where applicable).
- v. Disability certificate of Medical Officer Authorized by Medical Board of State Government.
- vi. BPL Card copies (where applicable).
- vii. 1(one) copy of Passport size photograph Printed bellow the name of the candidate and date (taken in the month of May/June 2018) to be affixed on Application Form.
- viii. 1 (one) copy of recent Passport size photograph (taken in the month of May/June 2018) to be affixed on Admit Card.
- ix. 2 (two) copy of passport size photographs (taken in the month of May/June 2018) as extra.
- x. Nationalized Bank Draft for amount of Rs.1,500/- (Rupees one thousand five hundred) only in favour of the Society for Tripura Medical College & Dr. BRAM Teaching Hospital, payable at Agartala (in case of downloaded Application Form only).

Checked & ticked '✓' the enclosed documents.

Place :-

Date :-

.....
Signature of the Candidate



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ENTRANCE TEST FOR ADMISSION TO B.Sc. (NURSING)-2018 ADMIT CARD

| | | | | | | | | | |
|---|------------------------------------|---|--|--|--|--|--|--|-------------------------|
| Candidate's Name : _____ Father's Name : _____ Address : _____ State : _____ Pin Code <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | Roll No: _____/TCN/2017 |
| | | | | | | | | | |
| | Examination (Entrance Test) | | | | | | | | |
| Date | Time | Centre | | | | | | | |
| 8 July, 2018 | 11.00 am To 12.30 pm | Tripura Medical College & Dr. BRAM Teaching Hospital, Hapania, Agartala, West Tripura, PIN : 799 014 | | | | | | | |

Affix pass port size photo
of the candidate (taken in
the month of August
2018) attested by Head of
the institution last
attended/Gazetted Officer

Question Paper Language
English

Signature of the Principal
Tnpura College of Nursing
(with seal)

Signature of the Candidate

DIRECTIONS FOR CANDIDATES

- Candidate shall be present at the Examination Centre 30 minutes before the commencement of the Examination with the Issued Admit Card.
- Black ball point pen should be used which would be supplied by the Institution. No candidate shall be allowed for enter in the examination hall after starting of the Examination.
- No candidates shall be allowed to leave the Examination Hall before the conclusion of the Test and without handing over the Answer Sheet to the Invigilator concerned.
- Candidates should check and ensure that the Test Booklet contains as many numbers of pages as are written on the top of the cover page.
- The candidates shall not remove any page(s) from the Test Booklet and if any page(s) is/are found missing from his/her Test Booklet, he/she will be prosecuted against and shall be liable for criminal action.
- Candidates should bring good quality black ball-point pens for the Examination and write particulars on the cover page of Test Booklet / Answer Sheet etc.
- Calculators, Log tables, Calculating devices, Mobile Phone & Other Communication Devices, Slide Rules, Geometry Box and Textual materials, etc. are not allowed in the Examination Hall.
- The Admit Card is issued provisionally to the candidate subject to his/her satisfying the eligibility conditions.