

Indira Gandhi National Open University Regional Centre Jaipur



70/79-84, Patel Marg, Mansarovar, Jaipur-302020 T: 0141-2785730/2396427, F: 0141-2784043;

Email: rcjaipur@ignou.ac.inWebsite:rcjaipur.ignou.ac.in

Subject: Offer Letter for Admission to Post Basic B.Sc. Nursing – January 2024 session -reg.

Dear Candidate,

<u>Congratulations!</u> We are happy to inform you that your name is on the **MERIT LIST** for admission to Post Basic B.Sc. Nursing – January 2024 session.

- 1. Please attend counselling on 22nd August, 2024 (THURSDAY) at 10:00 AM
- 2. Candidates will be required to submit self-attested copies of the following certificates at the time of Counseling/Admission along with original copies of all the documents for verification during admission counseling:
- a) Photocopy of application form submitted through the online portal
- b) Original Admit Card/Hall Ticket for Entrance Test, signed by the Invigilator
- c) One Passport size photograph
- d) 10th Class or Matriculation or equivalent Marksheet and Certificate
- e) 10+2 Class Marksheet and Certificate
- f) Valid RNRM Registration Certificate and Renewal Certificate (In case of registration from more than one council, produce all the certificates at the time of admission counseling)
- g) Experience Certificate (s) on Letter Head of the competent authority with full name, date, and signature with a stamp. Annexure-4. Experience will be counted only from the date of registration as RNRM till the last date of receipt of the application form by the University. However, if an RM certificate is obtained after the RN certificate, experience will be counted from the date of registration as an RM.
- h) GNM Diploma Certificate and Mark sheet for all years
- i) Certificate from the organization, where the candidate is presently working to ensure the candidate is in service and bring the NOC with stamp and signature of the Head of Institution.
- j) In the case of male nurses, the experience is counted after RN. However, the candidate must have completed the INC-approved course in lieu of midwifery and have to produce a certificate in any nursing course of 6-9 months' duration as recognized by the Indian Nursing Council. The candidates should produce relevant documents authenticating that such a nursing course is recognized and approved by the Indian Nursing Council.
- **k)** If you are offered a seat under <u>"Reserved Category"</u> (SC/ST/OBC Non-Creamy Layer) as per the merit list, it is your responsibility to enclose all certificates including "Caste Certificate" and prove that you are eligible for admission under this category. If relevant certificates are not submitted, your admission is liable for rejection (Annexure-1 for SC/ST applicants).
- I) OBC (Non-Creamy Layer) Certificate along with Income Certificate for claiming OBC (Non-creamy Layer) Seat. The OBC (Non Creamy) certificate **should not be more than three years old from the date of its issue** till the last date of submission of the application form, and should be in the format as given in the Student Handbook and Prospectus of the B.Sc.(NURSING) Post Basic Programme. The annual income should not exceed Rs.8.00 lakhs per annum and **only the central list should be followed as per Central Govt. (Annexure-2).**
- m) Certificate of Physically Handicapped for claiming PH Category seat, with a minimum of 40% disability.
- n) Certificate of Economically Weaker Sections along with Income Certificate for claiming EWS Category seat in the attached format (Annexure-3) as per Central Govt.
- o) Kashmiri Migrant Certificate for claiming KM Seat.

- p) Income Certificate submitted by OBC (Non Creamy)/EWS.
- **q)** Original Anti-ragging Affidavits in the prescribed formats duly Notarized and signed by Applicant, as given in the Prospectus.**Annexure-5**
- r) Demand Draft of 23,000/- towards 1st year admission fees in favour of IGNOU, payable at Jaipur
- s) In case any change in the name (other than the one mentioned in his/her High School Certificate), then it is mandatory for the prospective learners to furnish legal evidence of having changed his/her name/surname while submitting the admission form, as given below:
 - a. Attested copy of the Notification in a daily newspaper notifying the change of name.
 - b. An attested copy of the Affidavit filed before the 1st Class Magistrate specifying the change in the name.
 - c. An attested copy of the Marriage Card/Marriage Certificate in case of women candidates for change in **Surname.**
 - d. Attested copy of the Gazette Notification reflecting the change of name/surname.

Please note the following:

"This offer of admission is provisional and is based on the documents in respect of qualification and other eligibility criteria submitted by you along with the application form. If at a later stage, it is found that the document(s) submitted by you is / are false, your admission shall stand cancelled forthwith and no fee refund will be admissible in the event of such cancellation of admission."

- i) The duration of experience, percentage of marks and the date of birth are being used for the tie break. Information about all these three parameters mentioned in application forms should match with information available in the documents provided by you. In case, it does not match, the application form will be rejected.
- ii) There is <u>only one Programme Study Centre 2316 Govt. College of Nursing, Jaipur</u> will be allocated to you. Programme Study Centre once allotted will not be changed throughout the period of study.
- iii) The Fee Receipt-cum-confirmation letter will be sent to you after the admission is finalized.
- iv) No interim queries will be entertained, please.

You are advised to be present in person at the IGNOU Regional Centre Jaipur office without fail. Your time of arrival for the counselling will be maintained prior to start your counselling, therefore, report to RC office before the time of admission counselling mentioned in your Offer Letter. Bring acceptance form and all enclosures (attested and original wherever applicable) in the order given in the letter. If you do not come, your offer of admission will stand cancelled and your seat will be offered to the next person on the merit list. No further communication will be entertained.

With best wishes,

Yours truly,

Mamta Bhatia Senior Regional Director

Encl: as above

Important:

- 1. Please note that all certificates related to reservation should be as per Central Government Norms.
- 2. EWS Certificate issued by Central Govt. should be for Financial Year 2024-25
- 3. All candidates in the Waiting List are suggested to submit the fee through Challan, Indian Bank Mansarovar, Jaipur in case of confirmation of the admission.



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Guidelines and Instructions to be followed by the B.Sc. Post Basic Nursing Candidates for admission in January 2024 session

Documents that are required to be submitted by the Applicants at the time of Counselling: (Photocopies duly attested, to be verified against original):

(i). By All Applicants:

- a) 1). Photocopy of application form submitted through the online portal
 - 2). Original Admit Card for Entrance Test, signed by the Invigilator.
 - 3). 10th Class or Matriculation or equivalent Certificates.
 - 4). 10+2 Class Certificate.
 - 5). Valid RNRM Registration Certificate (In case registration is done form more than one council, all such certificates).
 - 6). Experience Certificate(s) on Letter Head of the competent authority with full name, date and signature with stamp)
 - 7). GNM Diploma Certificate and Marks Sheets for all years.
 - 8). Certificate from the organization, where the candidate is presently working to ensure the candidate is in service with NOC.
 - 9). In lieu of mid-wifery, the male nurses produce the certificate in any nursing course of 6-9 months duration as recognized by Indian Nursing Council. The candidates should produce relevant documents authenticating that such nursing course is recognized and approved by the Indian Nursing Council.
 - 10). Original Anti-Ragging Affidavit in the prescribed formats duly Notarized and signed by Applicant, as given in the Prospectus. (Annexure-5)
 - 11). A Demand Draft of Rs. 23,000/-in favour of IGNOU and payable at Jaipur, towards the **programme fee of first year**.
 - 12). Two Passport size Photographs

(ii). By Applicants claiming reserved seat:

- 13). Category (SC/ST) Certificate for claiming SC/ST Seat
- 14). OBC-Non creamy Layer Certificate along with Income Certificate for claiming OBC (Non-creamy Layer) Seat. The Certificate, not older than 3 years, should be in the format as given in the Student Handbook and Prospectus of the Post Basic B.Sc. (Nursing) Programme issued by Central Govt.
- 15). Certificate of Physically Handicapped for claiming PH Category seat, with a minimum of 40% disability.
- 16) EWS as per MHRD, GOI/Indian Nursing Council orders 1-5/2018-INC dated 09/08/2019.

(iii). By the Applicants whose name is changed after High School (all documents listed below):

- 17). In case any change in the name (other than the one mentioned in his/her High School Certificate), then it is mandatory for the prospective learners to furnish legal evidence of having changed his/her name/surname while submitting the admission form, as given below:
- a. Attested copy of the Notification issued in the daily newspaper notifying the change of name.
- b. An attested copy of the Affidavit filed before the 1st class Magistrate specifying the change in the name.
- c. An attested copy of the Marriage Card/Marriage certificate in case of women candidates for change in **Surname**.
- d. Attested copy of the Gazette Notification reflecting the change of name/surname.

FORM OF CASTE CERTIFICATE TO BE SENT BY THE CANDIDATE BELONGINGTO SC/ STCATEGORIESALONGWITHAPPLICATION FORM OF CASTE/TRIBE CERTIFICATE

This is to certify that Shri	/Shrimathi*/Kumari*	Son/daughter* of
	of village/town*	in District/
Division*	of the State/Union Territory*	belongs to
the		
Caste/Tribe* which is rec	ognized as a Scheduled Caste Scheduled Tribe* Unde	er:
The Constitution(Schedul	ed Castes)Order, 1950.	
*The Constitution (Sched	uled Tribes) Order, 1950.	
*The Constitution(Schedu	aled Castes) (Union Territories) Order, 1951.	
*The Constitution(Schedu	aled Tribes) (Union Territories) Order, 1951.	
(As amended by the Sche	duled Castes and Schedules Tribes Lists (Modificatio	n Order)1956, the Bombay
Reorganization		
Act, 1960, the Punjab Red	organization Act, 1966, the State of Himachal Pradesh	Act, 1970, the North-Eastern Areas
(Reorganization) Act, 197	71 and the Scheduled Castes and Schedules Tribes Or	ders(Amendment) Act, 1976.)
*The Constitution (Jamm	u and Kashmir) Scheduled Castes Order, 1956;	
*The Constitution(Andan	nan and Nicobar Islands) Scheduled Tribes Order, 195	59, as amended by the Scheduled
Castes and Scheduled Tri	bes Orders(Amendment)Act, 1976;	
*The constitution(Dadra a	and Nagar Haveli) Scheduled Castes Order, 1962;	
*The Constitution (Dadra	and Nagar Haveli) Scheduled Tribes Order, 1962;	
*The Constitution (Pondi	cherry) Scheduled Castes Order, 1964;	
*The Constitution (Uttar l	Pradesh, Scheduled Tribes Order, 1967;	
*The Constitution (Goa, I	Daman and Diu) Scheduled Castes Order, 1968;	
*The Constitution (Goa, I	Daman and Diu) Scheduled Tribes Order, 1968;	
*The Constitution (Nagal	and) Scheduled Tribes Order,1970; *The Constitution	n (Sikkim) Scheduled Castes Order,
1978; *The Constitution(S	Sikkim) Scheduled Tribes Order, 1978;*The Constitu	tion(Jammu and Kashmir) Scheduled
Tribes		
Order, 1989. *The Consti	tution (Scheduled Castes) Order (Amendment) Act, 1	990. *The Constitution
(Scheduled Tribes) Order	Amendment Act, 1991. *The Constitution(Scheduled	d Tribes) Order Second Amendment
Act,1991.		
2. **This certificate is iss	ued on the basis of the Scheduled Castes/Scheduled T	Tribes Certificate issued to Shri/
Shrimati*	father/mother*of Shri/Shrimati/Kumari*	of village/
town*	in District/Division*of the State/	Union Territory*who
belong		
to the Caste/Tribe* which	is recognized as a Scheduled Caste/Scheduled Tribe'	* in the State/Union
Territory*	issued by the	dated
3. Shri/Shrimathi*/Kumar	ri*and /or* his/he	er* family ordinarily reside(s) in village/
	ofDistrict/Division* of	the State/Union Territory* of
District Magistrate	•	
Deputy Commissioner, et	c.	
Dated:		
SEAL		
* Strike out whichever is	not applicable	

Note:- The term "Ordinarily resides" used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.

^{*} Please delete the words which are not applicable.

^{**} Applicable in the case of SCs, STs persons who have migrated from one State/UT (Employment News 9/92).

FORM OF CASTE CERTIFICATE TO BE SENT BY THE CANDIDATE BELONGINGTO OBC (NON CREAMY LAYER)CATEGORIES ALONG WITH APPLICATION FORM

This is to certify that	,son/daughter of	, of
village	District/Divisionin the State	belongs to
the	community which is recognized as a Backward Class in	n under following resolutions
of Government of India, Ministry of	f Welfare*(i) ResolutionNo.12011/68/93-BCC (C), dated the	e 10thSeptember, 1993,
published in the Gazette of India, Ex	xtraordinary, Part-I, Section I, No. 186, dated the 13th Septe	mber, 1993,
* (ii) Resolution No.12011/9/94-BC	CC, dated the 19th October, 1994, published in the Gazette of	f India, Extraordinary, Part-I,
Section I, No.163, dated the 20thOc	ctober, 1994.	
* (iii) ResolutionNo.12011/7/95-BC	CC, dated the 24th May, 1995, published in the Gazette of Indi	ia, Extraordinary,
Part-I, Section I, No.88, dated the 2:	5th May, 1995.	
* (iv) ResolutionNo.12011/44/96-B	CC, dated the 6 th December, 1996, published in the Gazette	of India, Extraordinary, Part-I,
Section I, No.210, dated the 11thDe	cember, 1996.	
* (v) ResolutionNo.12011/96/94-BC	CC dated9/03/96.	
* (vi) ResolutionNo.12011/13/97-B	CC dated03/12/97.	
* (vii) ResolutionNo.12011/99/94-E	3CC dated11/12/97.	
* (viii) ResolutionNo.12011/68/98-	BCC dated27/12/99.	
* (ix) Resolution No. 12011/88/98-1	BCC dated06/12/99 published in the Gazette of India Extrao	rdinary Part I
Section INo.270 dated 06/12/99.		
* (x) Resolution No. 12011/36/99-E	BCC dated04/04/2000 published in the Gazette of India Extra	aordinary Part I
Section INo.71 dated 04/04/2000.		
* (xi) ResolutionNo.12011/44/99-B	CC dated 21/09/2000 published in the Gazette of India Extra	aordinary Part I
Section I No.210 dated21/09/2000.		
*(xii) ResolutionNo.12015/9/2000-	BCC dated06/09/2001.	
*(xiii) ResolutionNo.12011/1/2001-	-BCCdated19/06/2003.	
*(xiv) ResolutionNo.12011/4/2002-	-BCC dated13/01/2004.	
*(xv) ResolutionNo.12011/9/2004-l	BCC dated16/01/2006 published in the Gazette of India Extr	aordinary Part I
Section I No.210 dated16/01/2006.		
* Shriand	d/or his/her family ordinarily reside(s) in the	District/Division of
theState. This is	also to certify that he/she does not belong to the persons/sec	tions(Creamy Layer)
mentioned in Column 3of the Sched	lule to the Government of India, Department of Personnel an	nd Training, O.M.
No.36012/22/93-Estt.(SCT), dated 8	8-9-1993 which is modified vide OM No. 36033/3/3004 Estt	. (Res) dated 09/03/2004.
District Magistrate Deputy Commis	ssioner, etc.	
Dated:		
SEAL	*Strike out whichever is not applicable	:
N.B.—		
	be more than 3 years old from the date of issuance till the til	me of submission of
application form		

- (b) The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People's Act, 1950.
- (c) The authorities competent to issue caste certificates are indicated below:
- (i) District Magistrate/Additional Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/ Deputy Collector/First Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of First Class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate. (iii)Revenue Officer not below the rank of Tehsildar; and (iv)Sub-Divisional Officer of the area where the candidate and/or his family resides

NOTE: IF THECERTIFICATE FURNISHED BY OBC CANDIDATES (NON-CREAMY LAYER) FOUND TO BEFAKE AT LATER STAGE, ADMISSION WILL BE CANCELLED WITH NO REFUND OF FEE AND DISCIPLINARY PROCEEDINGS WILL BE INITIATED BY THE UNIVERSITY.

Government of	
(Name & Address of the authority issuing the certificate)

INCOME & AS ECONOMICALLYWEA	SSEST KER SECT		ТО	BE	PRODUCEDBY
Certificate No.			D	ate:	
	VALID F	ORTHE YEAR			
This is to certify that Shri/Sm of	t./Kumari_			;	son/daughter/wife
	Perma	anent ne/Street	reside	ent	of
Post Office Pin Co Economically Weaker Section (Rupees Eight Lakh only) for following assets***: I. 5 acres of agricultura II. Residential flat of 10	cedes, since the the financia al land and 100 sq. ft. a	Districtwhose photog gross annual income* of Il year_His/her family above;	of his/her 'fa does not o	mily'** wn or _l	is below Rs. 8 lakh
IV. Residential plot of 200 2. Shri/Smt./Kumari not recognized as a Scheo List)		belong e, Scheduled Tribe an	gs to the d Other Ba	ckward	_caste which is Classes (Central
		Signa Name		eal of C	Office
		, ramo			
Recent Passport size Attested Photograph of the Applicant					

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

^{**}Note2:Theterm"Family"forthispurposeincludetheperson, whose eksbene fit 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

^{***}Note3:Thepropertyheldbya"Family"indifferentlocationsordifferentplaces/citieshavebeenclubbedwhile applyingthelandor property holding test to determine EWS status



their Registration Certificates)

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Annexure-4

EXPERIENCE CERTIFICATE (B.Sc. Post Basic Nursing)

	ospital	
	Signature:	
	Name:	
(in Block letters) Designation:		
Name of Organisation/Hospital		
(Seal/Stamp)		

FORM - A (For those seeking admission to B.Sc. Post Basic Nursing Programme)

1)	Professional Qualification General Nu	arsing & Midw	ifery		
a)	Completion State Board/ Year % of marks Nursing Council Examination		Year		% Of marks
b)	General Nursing		Year		% Of marks
C)	Midwifery Nursing		Year		% Of marks
d)	Name of Registration Council		Year		Reg. No. RN
					Reg. No. RM
Students applying in Delhi must have the proof of Registration with Delhi					
Nursing Council (DNC).					

2) Marks Obtained

Years	Total Marks Obtained	Total Max. Marks	Percentage
1st year			
2nd year			
3rd year			
Total			

Psychiatric Nursing	Ophthalmic Nursing	
Tuberculosis	Leprosy	
Operation Theatre	Oncology	
Cancer Nursing	Occupational Health	
Neurology		

4) Working Experience (Please give details chronologically):

S. No.	Name of Organization	Designation	Dates of	Service	Length of	Experience
S. NO.	Name of Organization	Designation	From	То	Years	Months
				Total		

AFFIDAVIT BY THE STUDENT

(TO BE SUBMITTEI I	O ALONG WITH APPLICATIO		E OF COUNSELING) e of the student with
admission/registratio	n/enrolment number) s/o d/o Mr		
	to		
copy of the UGC Reg	gulations on Curbing the Menace	e of Ragging in Higher E	Educational
Institutions, 2009, (he	ereinafter called the "Regulation	s") carefully read and fu	lly understand the
	in the said Regulations.		
I have, in particula ragging.	r, perused clause 3 of the Regula	ntions and am aware as to	o what constitutes
	icular, perused clause 7 and clau	se 9.1 of the Regulation	s and am fully aware
, <u>r</u>	inistrative action that is liable to	C	•
<u> </u>	g, actively or passively, or being	_	
	aver and undertake that		
a) I will not indulge i Regulations.	n any behaviour or act that may	be constituted as ragging	g under clause 3 of the
0	te in or abet or propagate throug	h any act of commission	or omission that may
be constituted as ragg	ging under clause 3 of the Regula	ations.	·
5. I hereby affirm tha	t, if found guilty of ragging, I ar	n liable for punishment a	according to clause 9.1
	ithout prejudice to any other crit		taken against me
• •	or any law for the time being in		
-	at I have not been expelled or de		•
•	f being found guilty of, abetting	0 1	•
00 0	ffirm that, in case the declaration	n is found to be untrue, I	am aware that my
admission is liable to	be cancelled.		
Declared this	day of	month of	year.
	311, 31		<i>J</i>
			Signature of deponent
			Name : .
			Address: .
			Tel./Mobile No
	VERIFICA	TION	
	ents of this affidavit are true to t	he best of my knowledg	e and no part of the
amdavit is raise and	nothing has been concealed or m	nsstated therein.	
Verified at	(place) this the	(day) of	
(month),	(place) this the (year)		
Q 1 1 00° *			Signature of deponent
	nd signed in my presence on this		
(month),	(year) after rea	ding the contents of this	attıdavıt.