



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.in Website : rcjaipur.ignou.ac.in



Offer Letter for Admission to Post Basic B.Sc. Nursing – January 2021 session -reg.

Dear Candidate,

Congratulations! We are happy to inform you that your name is in the **MERIT LIST** for admission to Post Basic B.Sc. Nursing – January 2021 session under the category and the marks obtained in the entrance test.

1. Please attend counselling on **27th August, 2021 (FRIDAY)**
2. Candidates will be required to submit self-attested copy of the following certificates at the time of Counseling/Admission along with original copies of all the documents for verification during counselling:
 - a) Photocopy of application form submitted through on line portal
 - b) Original Admit Card/Hall Ticket for Entrance Test, signed by the Invigilator
 - c) Two Passport size photographs
 - d) 10th Class or Matriculation or equivalent Marksheet and Certificate
 - e) 10+2 Class Marksheet and Certificate
 - f) Valid RNRN Registration Certificate and Renewal Certificate (In case of registration from more than one council, produce all the certificates at the time of admission counselling)
 - g) Experience Certificate (s) on Letter Head of the competent authority with full name, date and signature with stamp). Annexure-4. **Experience will be counted after RNRN registration till the last date of receipt of application form by the University. However, if RN certificate is obtained after RN certificate, experience will be counted from the date of registration as RN.**
 - 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 case of male nurses, the experience is counted after RN. However, the candidate must have completed the INC approved course in lieu of mid-wifery and have to produce a 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.
 - k) If you are offered seat under **“Reserved Category”** (SC/ST/OBC Non-Creamy Layer) as per 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**).
 - l) 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 B.Sc. Post Basic Programme. The annual income should not exceed Rs.8.00 lakhs per annum and **only the central list** should be followed(**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**).
 - o) Original Anti-ragging Affidavits in the prescribed formats duly Notorised and signed by Applicant, as given in the Prospectus.**Annexure-5**
 - p) **Demand draft of 20,000/- towards 1st year admission fees in favour of IGNOU, payable at Jaipur**

- q) 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:
- Attested copy of the Notification in a daily newspaper notifying the change of name.
 - An attested copy of the Affidavit filed before the 1st Class Magistrate specifying the change in the name.
 - An attested copy of the Marriage Card/Marriage Certificate in case of women candidates for change in **Surname**.
 - 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 eligible 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.”

- 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.
- There is only one Programme Study Centre 2316 Govt. College of Nursing, Jaipur will be allocated to you. Programme Study Centre once allotted will not be changed throughout the period of study.
- The Fee Receipt-cum-confirmation letter will be sent to you after the admission is finalized.
- No interim queries will be entertained, please.

You are advised to be present in person at the IGNOU Regional Centre Jaipur office without fail. 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. IGNOU will not be responsible for any postal delay. No further communication will be entertained.

With best wishes,

Yours truly,

Mamta Bhatia
Regional Director

Encl: as above



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Guidelines and Instruction to be followed by the B.Sc. Post Basic Nursing Candidates

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 on line 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 organisation, 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 Affidavits in the prescribed formats duly Notorised and signed by Applicant, as given in the Prospectus.
 - 11). A Demand Draft of Rs. 20,000/-in favour of IGNOU and payable at Jaipur, towards the **programme fee**.
 - 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.
- 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 BELONGING TO SC/
ST CATEGORIES ALONG WITH APPLICATION 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 recognized as a Scheduled Caste Scheduled Tribe* Under:

The Constitution (Scheduled Castes) Order, 1950.

*The Constitution (Scheduled Tribes) Order, 1950.

*The Constitution (Scheduled Castes) (Union Territories) Order, 1951.

*The Constitution (Scheduled Tribes) (Union Territories) Order, 1951.

(As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification Order) 1956, the Bombay Reorganization

Act, 1960, the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act, 1970, the North- Eastern Areas (Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976.)

*The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956;

*The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976;

*The constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962;

*The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962;

*The Constitution (Pondicherry) Scheduled Castes Order, 1964;

*The Constitution (Uttar Pradesh, Scheduled Tribes Order, 1967;

*The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968;

*The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968;

*The Constitution (Nagaland) Scheduled Tribes Order, 1970; *The Constitution (Sikkim) Scheduled Castes Order, 1978; *The Constitution (Sikkim) Scheduled Tribes Order, 1978; *The Constitution (Jammu and Kashmir) Scheduled Tribes

Order, 1989. *The Constitution (Scheduled Castes) Order (Amendment) Act, 1990. *The Constitution

(Scheduled Tribes) Order Amendment Act, 1991. *The Constitution (Scheduled Tribes) Order Second Amendment Act, 1991.

2. **This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes Certificate issued to Shri/Shrimathi* father/mother* of Shri/Shrimathi/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*/Kumari* and/or* his/her* family ordinarily reside(s) in village/
town* of District/Division* of the State/Union Territory* of

.....

District Magistrate

Deputy Commissioner, etc.

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 BELONGING TO OBC
(NON CREAMY LAYER) CATEGORIES ALONG WITH APPLICATION FORM**

This is to certify that,son/daughter of....., of village.....District/Division.....in the State.....belongs to the.....community which is recognized as a Backward Class in under following resolutions of Government of India, Ministry of Welfare*(i) ResolutionNo.12011/68/93-BCC (C), dated the 10thSeptember, 1993, published in the Gazette of India, Extraordinary, Part-I, Section I, No. 186, dated the 13th September, 1993, * (ii) Resolution No.12011/9/94-BCC, dated the 19th October, 1994, published in the Gazette of India, Extraordinary, Part-I, Section I, No.163, dated the 20thOctober, 1994. * (iii) ResolutionNo.12011/7/95-BCC,dated the 24th May,1995, published in the Gazette of India, Extraordinary, Part-I, Section I, No.88, dated the 25th May, 1995. * (iv) ResolutionNo.12011/44/96-BCC, dated the 6th December, 1996, published in the Gazette of India, Extraordinary, Part-I, Section I, No.210, dated the 11thDecember, 1996. * (v) ResolutionNo.12011/96/94-BCC dated9/03/96. * (vi) ResolutionNo.12011/13/97-BCC dated03/12/97. * (vii) ResolutionNo.12011/99/94-BCC dated11/12/97. * (viii) ResolutionNo.12011/68/98-BCC dated27/12/99. * (ix) Resolution No. 12011/88/98-BCC dated06/12/99 published in the Gazette of India Extraordinary Part I Section I No.270 dated 06/12/99. * (x) Resolution No. 12011/36/99-BCC dated04/04/2000 published in the Gazette of India Extraordinary Part I Section I No.71 dated 04/04/2000. * (xi) ResolutionNo.12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary 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-BCC dated16/01/2006 published in the Gazette of India Extraordinary Part I Section I No.210 dated16/01/2006. * Shri.....and/or his/her family ordinarily reside(s) in the..... District/Division of the.....State. This is also to certify that he/she does not belong to the persons/sections(Creamy Layer) mentioned in Column 3of the Schedule to the Government of India, Department of Personnel and Training, O.M. No.36012/22/93-Estt.(SCT), dated 8-9-1993 which is modified vide OM No. 36033/3/3004 Estt. (Res) dated 09/03/2004. District Magistrate Deputy Commissioner, etc.

Dated:

SEAL _____*Strike out whichever is not applicable

N.B.—

- (a) The above certificate should not be more than 3 years old from the date of issuance till the time 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 THE CERTIFICATE FURNISHED BY OBC CANDIDATES (NON-CREAMY LAYER) FOUND TO BE FAKE AT LATER STAGE, ADMISSION WILL BE CANCELLED WITH NO REFUND OF FEE AND DISCIPLINARY PROCEEDINGS WILL BE INITIATED BY THE UNIVERSITY.**

Annexure-3

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 _____

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 ____ His/her family does not own or possess any of the
following assets***:

- I. 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 _____ belong 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

***Note 1:.** Income covered all sources i.e. salary, agriculture, business, profession, etc.

****Note 2:** The term "Family" for this purpose includes the person, whose 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.



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**EXPERIENCE CERTIFICATE
(B.Sc. Post Basic Nursing)**

This is to certify that Mr./Ms./Mrs. _____
is employed with this Organisation/Hospital _____
since _____

Place: _____ Signature: _____

Date: _____ Name: _____

(in Block letters)

Designation:

Name of Organisation/Hospital _____

(Seal/Stamp) _____

(Self-employed professional may certify on their own behalf, but they should attach copies of their Registration Certificates)

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

1) Professional Qualification General Nursing & Midwifery

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
		Regn.		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	
			From	To	Years	Months
				Total		

AFFIDAVIT BY THE STUDENT**(TO BE SUBMITTED ALONG WITH APPLICATION FORM AT THE TIME OF COUNSELING)**

I, _____ (full name of the student with admission/registration/enrolment number) s/o d/o Mr./Mrs./Ms. _____ having been admitted to _____ (name of the institution), 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 understand 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 me in case I am 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

a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.

b) 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.

6. 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 the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of deponent

Name : .

Address: .

Tel./Mobile No. .

VERIFICATION

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

Verified at _____ (place) this the _____ (day) of _____ (month), _____ (year).

Signature of deponent

Solemnly affirmed and signed in my presence on this the _____ (day) of _____ (month), _____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER