

Guidelines for filling up the Application Form for the Entrance Test of Post Basic B.Sc. Nursing January, 2018 session.

1. Name of the Programme Applied: Post Basic B.Sc. Nursing.
2. Programme Code : B S C N (PB)
3. Please fill up exam centre code for appearing in entrance test. It is the regional centre code where you wish to appear for entrance test.
4. Regional Centre Code: Fill up the regional centre code i.e. Regional Centre in which you wish to take admission/ pursue studies as per the availability of PSC of Post Basic B.Sc Nursing.
5. At Sl. No. 5, Please fill Programme Study Centre Code (PSC) :
6. At Sl. No. 6, Please fill code A1 for English Medium.
7. State Code: Select from Appendix – XIIIa
8. At S.No. 8a write A1 for yes and B2 for not registered. Fill it only if you have enrolled in any other programme of IGNOU. At 8b write the code of programme if registered with IGNOU.
9. At S. No. 9 write Name of the Candidate as mentioned in class X/XII mark-sheet or equivalent certificate.
10. At S. No. 10 write Name of the Father/Mother/Husband. Please write S/o or D/o for Father/Mother's Name and W/o for Husband's Name.
11. At S. No.11 write House No. in at (a) Street Name at (b) Locality / Mohalla in (c) Tehsil/District in (d) City in (e) Pin code at (f) State at (g).
12. At S. No. 12 write landline no. at (a) email ID at (b) and mobile no. at (c). (Phone no. and e mail is mandatory write clearly, correctly and legibly).
13. At S.No13 write date of birth,date ,month ,year correctly
14. Please write A1 for Indian and B2 for others. (Please specify the particular country, if you fill B2).
15. At S. No. 15 please write A1 for Male, B2 for Female and C3 for Others.
16. At S. No. 16 please write A1 for General, B2 for SC, C3 for ST, D4A for OBC (Creamy) D4B for OBC (Non-Creamy).
17. At S.No. 17 please write A1 for urban area, B2 for Rural area and C3 for Tribal area.
18. At. S. No. 18 for Marital Status: Please write A1 for Single and B2 for Married.
19. At S. No. 19 for Religion: Please write A1 for Hindu, B2 for Muslim, C3 for Christian, D4 for Sikh, E5 for Jain, F6 for Buddhist, G7 for Parsi, H8 for Jews and I9 for other religion.
20. At S. No. 20 for minority. Please write A1 for Yes and B2 for No
21. At S.No. 21 for Social Status: Please write A1 for Ex-Serviceman and B2 for War Widows C3 for Not Applicable
22. Whether Kashmiri Migrant: Please write A1 for Yes and B2 for No.
23. Employment Status: Please write A1 for unemployed, B2 for IGNOU regular Employee, C3 for Employed and D4 for KVS employee.
24. At Sl. No. 24, fill up as applicable.
25. At S. No. 25a, for Disability please write A1 for Yes and B2 for No.
At S.No. 25b, kindly provide details of disability: Please write A1 for Speech and Hearing Impairment, B2 for Locomotor Impairment, C3 for Visual Impairment, D4 for Low Vision and E5 for any other, please specify if you fill E5.

26. At S.No. 26 for Educational Qualification: At a. Please write code A1 for 10th and B2 for 12th
At b. write main subjects of 10th/12th , At c. write year of passing, At d write Division, At e write %age of Marks, At f write Board Code/University (Refer appendix-XIIIb for Board Codes).
27. At S.No. 27(a) write the year of completion of State Board/Concil Examination for GNM and write percentage of marks obtained in Aggregate for all the years of GNM in relevant colums against each. (Fill it correctly). Since percentage of marks is required for tie break (only aggregate percentage will be considered).
At S. No. 27 (b), write year of passing GNM and percentage of marks obtained in GNM, if applicable in relevant box.
At S.No. 27 (c), write the year of passing midwifery and percentage of marks in midwifery, if applicable in relevant box.
At S.No. 27 (d), write name of registration council
At S.No. 27 (e), write year of registration as RN and write registration no. of RN in relevant box.
At S.No. 27 (f), write year of registration as RM and write registration no. of RM in relevant box.
If S.No. 27 (e) and 27(f) are same, then fill same year in both columns.
28. At S.No. 28 write total marks obtained, total maximum marks and percentage of marks in relevant columns.
29. At S.No. 29 write the S. No. and name of course done in lieu of midwifery. Write the name of the council and period (from and to in relevant box).
30. At S.No. 30 write total years of experience after RNRM certification up to last date of submission of entrance test form and also write down the years of experience after R.N. and R.M. as applicable.
31. At S.No. 31 write the name of organisation, designation, date of service and length of experience in the relevant box after RNRM till last date of subimission of entrance test form.
32. At S.No. 32 write at A1 (yes) if presently working and write B2 (No) if not working in the column.
33. At S.No. 33 at A1 mention the place of working with address and B2 mention the name of organisation where you are working presently.
34. At S.No. 34 Details of fee remittance: a. Please write code A1 for cash challan and B2 for Demand draft, at (b) write the amount, at (c) write the demand draft/challan No., at (d) write the date of DD/Challan No. and at (e) write the bank name.

INDIRA GANDHI NATIONAL OPEN UNIVERSITY

MAIDAN GARHI, NEW DELHI-110 068

APPLICATION FORM FOR ENTRANCE TEST OPENNET - VII

(Post Basic B.Sc. Nursing) - 2018

INSTRUCTIONS										APPLICATION NO.																																					
1. Please read the instructions in the information brochure before filling up the form. 2. Please use Black/Blue Ball Point Pen in boxes using English CAPITAL LETTERS or English numerals. 3. Do not make any stray marks on this sheet. 4. Do not staple, pin, wrinkle scribble, tear or wet this sheet. 5. Write in CAPITAL LETTERS only within box. Leave blank between words as shown in the example below. 6. Apply only if you have completed 2 years of experience after RNRM Registration from State Nursing Council upto the last date of submission of Application) 7. Apply if you are in service.										<input style="width: 100%; height: 20px;" type="text"/> Enrolment No. (For Office Use) <input style="width: 100%; height: 20px;" type="text"/>																																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10px; text-align: center;">A</td><td style="width: 10px; text-align: center;">B</td><td style="width: 10px; text-align: center;">C</td><td style="width: 10px; text-align: center;">D</td><td style="width: 10px; text-align: center;">E</td><td style="width: 10px; text-align: center;">F</td><td style="width: 10px; text-align: center;">G</td><td style="width: 10px; text-align: center;">H</td><td style="width: 10px; text-align: center;">I</td><td style="width: 10px; text-align: center;">J</td><td style="width: 10px; text-align: center;">K</td><td style="width: 10px; text-align: center;">L</td><td style="width: 10px; text-align: center;">M</td><td style="width: 10px; text-align: center;">N</td><td style="width: 10px; text-align: center;">O</td><td style="width: 10px; text-align: center;">P</td><td style="width: 10px; text-align: center;">Q</td><td style="width: 10px; text-align: center;">R</td><td style="width: 10px; text-align: center;">S</td><td style="width: 10px; text-align: center;">T</td><td style="width: 10px; text-align: center;">U</td><td style="width: 10px; text-align: center;">V</td><td style="width: 10px; text-align: center;">W</td><td style="width: 10px; text-align: center;">X</td><td style="width: 10px; text-align: center;">Y</td><td style="width: 10px; text-align: center;">Z</td><td style="width: 10px; text-align: center;">0</td><td style="width: 10px; text-align: center;">1</td><td style="width: 10px; text-align: center;">2</td><td style="width: 10px; text-align: center;">3</td><td style="width: 10px; text-align: center;">4</td><td style="width: 10px; text-align: center;">5</td><td style="width: 10px; text-align: center;">6</td><td style="width: 10px; text-align: center;">7</td><td style="width: 10px; text-align: center;">8</td><td style="width: 10px; text-align: center;">9</td> </tr> </table>										A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	0	1	2	3	4	5	6	7	8	9		
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	0	1	2	3	4	5	6	7	8	9												
1. Name of the Programme Applied: <input style="width: 60%; border: 1px solid black;" type="text" value="Post Basic B.Sc. Nursing"/>										<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> PHOTOGRAPH Affix your latest passport size photograph (4 cm x 5 cm) duly attested by you </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Signature of Applicant </div>																																					
2. Programme Code: <input style="width: 15px;" type="text" value="B"/> <input style="width: 15px;" type="text" value="S"/> <input style="width: 15px;" type="text" value="C"/> <input style="width: 15px;" type="text" value="N"/> <input style="width: 15px;" type="text" value="P"/> <input style="width: 15px;" type="text" value="B"/>																																															
3. Exam Centre Code/Regional Centre Code: <input style="width: 20px;" type="text"/>																																															
4. Regional Centre Code for admission: <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>												6. Medium of Study (Write code in the box) <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> A1 English B2 Hindi C3 Others																																			
5. Programme Study Centre Code: <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>												7. State Code: <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>																																			
8. a. Are you already registered with (Ignou) (Please write relevant code in the box) A1 - Yes <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> B2 - No <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>										b. If yes, Programme Code: <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>																																					
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9. Name of the Candidate: (as in class X/XII mark sheet or equivalent certificate) <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>																																															
10. Father/Mother/Husband Name : (Please write S/o or D/o for Father/Mother's Name and W/o for Husband's Name) <input style="width: 100%; height: 20px;" type="text"/> /o <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>																																															
11. Address for Correspondence : (Please do not give POST-BOX Number. Use Capital Letters and give space between words)																																															
a) House No. : <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>										b) Street Name : <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>																																					
c) Locality/Mohalla: <input style="width: 100%; height: 20px;" type="text"/>																																															
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e) City : <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>										f) Pin Code: <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>																																					
g) State: <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>																																															
12. Contact Details: a) Landline No. <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>										Fax, if any: <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>																																					
b) e-mail ID: <input style="width: 40%; height: 20px;" type="text"/>										c) Mobile No.: <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>																																					
13. Date of Birth: Date <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> / Month <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> / Year <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>										14. Nationality A1 - Indian <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> B2 - Others, pl. specify <input style="width: 40%; height: 20px;" type="text"/>																																					
15. Gender (Pls. write relevant code in the box) A1 - Male <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> B2 - Female <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> C3 - Other <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>										16. Category (Pls. write relevant code in the box) A1 - General <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> B2 - SC <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> C3 - ST <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> D4A - OBC (Creamy) D4B OBC (Non Creamy)																																					
18. Marital Status (Pls. write relevant code in the box) A1 - Single <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> B2 - Married <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>										17. Area (Pls. write relevant code in the box) A1 - Urban <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> B2 - Rural <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> C3 - Tribal																																					
19. Religion (Pls. write relevant code in the box) A1 - Hindu D4 Sikh G7 Parsi <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> B2 - Muslim E5 Jain H8 Jews <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> C3 Christian F6 Buddhist I9 Others										20. Whether Minority (Pls. write relevant code in the box) A1 - Yes <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> B2 - No																																					
21. Social Status (Pls. write relevant code in the box) A1 - Ex-Serviceman <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> B2 - War Widows C3 - Not Applicable										22. Whether Kashmiri Migrant (Pls. write relevant code in the box) A1 -Yes <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> B2 - No																																					
										23. Employment Status (Pls. write relevant code in the box) A1 - Unemployed <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> B2 -IGNOU regular employee C3 - Employed D4 - KVS employee																																					

Kind Attention: All Past and Present Students of IGNOU!
Now you rank our Performance...

Dear Student,

As the largest distance education institution in the world. We have always endeavoured to imbibe values and skills for the development of knowledge and competencies. And it is our belief that you as the former or present student are the best person to judge how far we have succeeded in our efforts. To gain your invaluable impression, we present here a short questionnaire. All you have to do is fill it and mail it back to us. You can also fill this questionnaire online by logging on to www.ignou.ac.in. Your invaluable inputs shall guide us towards a direction where we shall improve our services and evolve more student-friendly study programmes.

Vice-Chancellor, IGNOU.

Enrolment No. Name

Gender : M F Age Group : Below 30 31-40 41-50 Above 51

Programme of Study

Year of Enrolment Year of Completion

Regional Centre State Study Centre

Please Indicate your satisfaction level by putting a tick mark on your choice.

Serial No.	Questions	Very Satisfied	Satisfied	Average	Dissatisfied	Very Dissatisfied
1.	Concepts are clearly explained in the printed learning material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	The learning materials were received in time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Supplementary study material (like video/audio) available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Academic counsellors explain the concepts clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	The counselling sessions were interactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Changes in the counselling schedule were communicated to you on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Examination procedures were clearly given to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Personnel in the study centres are helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Academic counselling sessions are well organised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Guidance from the Programme Coordinators and Teachers from the School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Assignments are returned in time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Feedback on the assignments helped in clarifying the concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Project proposals are clearly marked and discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Studying in this programme provided the knowledge of the subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Results and grade card of the examination were provided on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Overall, I am satisfied with the programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After filling cut out this questionnaire and mail it to:
 STRIDE, Block-14, IGNOU, Maidan Garhi, New Delhi-110 068

INSTRUCTIONS

1. This card should be produced on demand at the Study Centre and Examination Centre or any other Establishment of IGNOU to use its facilities.No student shall be allowed to appear in any examination / practical without it.
2. The facilities would be available only relating to the course or courses for which the student is actually registered.
3. Duplicate Identity Card will be issued by the Regional Director, on payment of Rs. 100/- by way of Demand Draft only in favour of IGNOU payable at the city where Regional Centre is located.
4. Loss of Identity Card is to be reported immediately to the nearest Police Station/ Concerned Regional Centre.
5. Identity Card is to be submitted to the issuing authority after completion of the said programme.



INDIRA GANDHI NATIONAL OPEN UNIVERSITY

STUDENT CARD

for

BScN (PB) Post Basic BSC Nursing

(FOR USE OF IGNOU FACILITIES ONLY)



Indira Gandhi National Open University

ACKNOWLEDGEMENT CARD

Dear Student,

Thank you for joining IGNOU BScN (PB) Programme. We acknowledge the receipt of your Application Form. Your admission into this programme is provisional and subject to verification within IIBF databank. In case you are not a member of IIBF, your admission into the Programme shall be cancelled.

Please mention Enrolment Number and course applied for in all your future correspondence with the University.

To be filled in by the Student.

Course Applied for : **BScN (PB)**
DD No. :
DD Date :
Amount :
DD Drawn on :

For Office Use Only

Your Enrolment Number is

Enrolment No. _____

Name of the Programme _____

Name _____

Father's/Husband's Name _____

Address (in Capital Letters) _____

Pin Code _____

Mobile No. _____

Full Signature of the Candidate _____

PASTE

LATEST PHOTOGRAPH TO BE
PASTED WHICH WILL
BE
ATTESTED BY
UNIVERSITY OFFICE

ATTESTED BY

Affix
Postage
stamp for
Rs 6/-

To

From
The Regional Director,
IGNOU Regional Centre

PIN:

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