

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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F</td><td>G</td><td></td><td>I</td><td>J</td><td>K</td><td>L</td><td></td><td>N</td><td>O</td><td>P</td><td>Q</td><td>R</td><td>S</td><td>T</td><td>U</td><td>V</td><td></td><td>X</td><td>Y</td><td>Z</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table>			A	B	C	D	E	F	G		I	J	K	L		N	O	P	Q	R	S	T	U	V		X	Y	Z	0	1	2	3	4	5	6	7	8	9
A	B	C	D	E	F	G		I	J	K	L		N	O	P	Q	R	S	T	U	V		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;"> PHOTOGRAPH Affix your latest passport size photograph (4 cm x 5 cm) duly attested by you </div> <div style="border: 1px solid black; height: 30px; margin-top: 10px;"></div> <p style="text-align: center; margin-top: 5px;">Signature of Applicant</p>																																				
2. Programme Code: <input style="width: 20px;" type="text" value="B"/> <input style="width: 20px;" type="text" value="S"/> <input style="width: 20px;" type="text" value="C"/> <input style="width: 20px;" type="text" value="N"/> <input style="width: 20px;" type="text" value="P"/> <input style="width: 20px;" type="text" value="B"/>																																						
3. Exam Centre Code/Regional Centre Code: <input style="width: 40px;" type="text"/>																																						
4. Regional Centre Code for admission: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>																																						
5. Study Centre Code: <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"/>		<div style="border: 1px solid black; padding: 5px;"> Signature of Applicant </div>																																				
6. Medium of Study (Write code in the box) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <p style="font-size: small;">A1 English B2 Hindi C3 Others</p>																																						
7. State Code: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>																																						
8. a. Are you already registered with (Ignou) (Please write relevant code in the box) A1 - Yes <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> B2 - No <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>																																						
b. If yes, Programme Code: <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"/>																																						
Enrolment 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"/> <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"/>																																						
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: 40px;" type="text"/>		b) Street Name : <input style="width: 60px;" type="text"/>																																				
c) Locality/Mohalla: <input style="width: 100%; height: 20px;" type="text"/>																																						
d) Tehsil/District: <input style="width: 100%; height: 20px;" type="text"/>																																						
e) City : <input style="width: 60px;" type="text"/>		f) Pin Code: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>																																				
g) State: <input style="width: 60px;" type="text"/>																																						
12. Contact Details: a) Landline 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"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		Fax, if any: <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"/>																																				
<small>STD No. Phone Number</small>		<small>FAX Number</small>																																				
b) e-mail ID: <input style="width: 60px;" type="text"/>		c) Mobile 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"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>																																				
13. Date of Birth: Date <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / Month <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / Year <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		14. Nationality A1 - Indian <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> B2 - Others, <input style="width: 60px;" type="text"/> pl. specify																																				
15. Gender (Pls. write relevant code in the box) A1 - Male <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> B2 - Female <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> C3 - Other <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		16. Category (Pls. write relevant code in the box) A1 - General <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> B2 - SC <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> C3 - ST <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> D4A - OBC (Creamy) D4B OBC (Non Creamy)																																				
17. Area (Pls. write relevant code in the box) A1 - Urban <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> B2 - Rural <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> C3 - Tribal																																						
18. Marital Status (Pls. write relevant code in the box) A1 - Single <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> B2 - Married <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		19. Religion (Pls. write relevant code in the box) A1 - Hindu D4 Sikh G7 Parsi <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> B2 - Muslim E5 Jain H8 Jews <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> C3 Christian F6 Buddhist I9 Others																																				
20. Whether Minority (Pls. write relevant code in the box) A1 - Yes <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> B2 - No																																						
21. Social Status (Pls. write relevant code in the box) A1 - Ex-Serviceman <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> B2 - War Widows C3 - Not Applicable		22. Whether Kashmiri Migrant (Pls. write relevant code in the box) A1 - Yes <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> B2 - No																																				
23. Employment Status (Pls. write relevant code in the box) A1 - Unemployed <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> B2 - IGNOU regular employee C3 - Employed D4 - KVS employee																																						

24. Details of Scholarship being received, if any												
a) Annual Scholarship Amount Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			b) Deptt. offering Scholarship: A1 Government <input type="text"/> <input type="text"/> B2 Other <input type="text"/> <input type="text"/>			c) Family Income (annual) Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			d) Below Poverty Line A1 Yes <input type="text"/> <input type="text"/> B2 No <input type="text"/> <input type="text"/>		e) Jail Inmates A1 Yes <input type="text"/> <input type="text"/> B2 No <input type="text"/> <input type="text"/>	
25. a) Whether a Person with Disability (Pls. write relevant code in the box) A1 - Yes <input type="text"/> <input type="text"/> B2 - No <input type="text"/> <input type="text"/>						b) If yes, kindly provide details of disability: (Pls. write relevant code in the box) A1 - Speech and Hearing Impairment <input type="text"/> <input type="text"/> B2 - Locomotor Impairment <input type="text"/> <input type="text"/> C3 - Visual Impairment <input type="text"/> <input type="text"/> D4 - Low Vision <input type="text"/> <input type="text"/> E5 - Any other, please specify <input type="text"/> <input type="text"/>						
Leprosy Cured <input type="text"/> Mental Retardation <input type="text"/> Mental Illness <input type="text"/>												
26. Educational Qualifications:												
a) Whether 10 th or 12 th pass A1 - 12 th <input type="text"/> <input type="text"/> B2 - 10 th <input type="text"/> <input type="text"/>		b) Main Subjects 1. _____ 2. _____ 3. _____ 4. _____		c) Year of Passing <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		d) Division <input type="text"/> <input type="text"/> 01, 02, 03 or 04 for pass		e) %age of Marks <input type="text"/> <input type="text"/> without decimal		f) Board Code/University <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Wherever required		
27. Professional Qualification General Nursing & Midwifery (GNM).												
a. Completion of State Board/Council Examination				<input type="text"/>		Year		<input type="text"/>		% of Marks		
b. General Nursing				<input type="text"/>		Year		<input type="text"/>		% of Marks		
c. Midwifery Nursing				<input type="text"/>		Year		<input type="text"/>		% of Marks		
d. Name of Registration Council				<input type="text"/>								
e. Date of Registration RN				<input type="text"/>		Year		<input type="text"/>		Reg. No. of RN		
f. Date of Registration RM				<input type="text"/>		Year		<input type="text"/>		Reg. No. of RM		
28. Marks Obtained in GNM:												
		Total Marks Obtained			Total Max. Marks			Percentage of Marks				
GNM Total												
29. Course done in lieu of Midwifery (male Nurse) Fill up only one course done by you and put the Number and Name in the appropriate box												
1. Psychiatric Nursing		6. Ophthalmic Nursing		Name of Council <input type="text"/>								
2. Tuberculosis		7. Leprosy										
3. Operation Theatre		8. Oncology										
4. Cancer Nursing		9. Occupational		Period from <input type="text"/>				to <input type="text"/>				
5. Neurology												
30. Year of work experience after Registration as RNRN till last date of receipt of entrance examination form												
a) Year of service after RNRN _____ years												
b) Year of experience after RN (if applicable) _____ years												
c) Year of experience after RM (If applicable) _____ years												
31. Details of Working Experience after registration as RNRN upto last date of submission of Entrance Test Form. Please Fill the details accurately (write only the experience after RNRN Chronologically)												
S. No.	Name of Organisation	Designation	Dates of service						Total Years of Experience			
			From			To						
			Day	Month	Year	Day	Month	Year	Day	Month	Year	
1.												
2.												
3.												
4.												
5.												
6.												
Grand Total												

32. Presently Working A1 Yes
B2 No

33. If yes mention place and name of organization with details where you are working presently

A1 Place _____

B2 Name _____

34. Details of Remittance:

a) Mode of Payment

(Pls. write relevant code in the box)

A1 - Cash Challan
B2 - Demand Draft

b) Amount : Rs.

Please add ₹ 500/- in case of Late fee

c) DD/Challan Number:

d) Date of DD/Challan Number

e) Bank Name:

35. Declaration:

I hereby declare that I have read and understood the conditions of eligibility for the programme for which I seek admission. I fulfill the minimum eligibility criteria and I have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable for cancellation by the University at any time and I shall not be entitled to refund of any fee paid by me to the University. Further, I have carefully studied the rules of the University as printed in the Prospectus and I accept them and shall not raise any dispute in future over the same rules. I understand that the University can amend or change any rules without advance intimation and I will be abiding by them.

Place :

Date :

Signature of the Applicant

INSTRUCTIONS FOR CANDIDATES

1. Please send your Application Form/Entrance Test Form by Registered/Speed Post to the concerned Regional Centre where you want to take the admission in which the programme study centre of Post Basic B.Sc. Nursing is located.
2. Last date for receipt of filled in application form for Post Basic B.Sc. Nursing is as per advertisement.
3. Application form received after the due date will not be accepted.
4. Please retain photo copy of the filled application form for future reference.
5. For Detailed instructions please refer Student Handbook & Prospectus.
6. No Documents are to be attached with this application form.
7. Original Certificate will be verified for selection.
8. Fill up the column of E-Mail ID and correct mobile no., otherwise candidate will be responsible for non receipt of communication.
9. No request for change of Category Code & Regional Centre shall be entertained by the University after the submission of form for Entrance tests.
10. If you fill up wrong Regional Centre where programme study centre for Post Basic B.Sc. Nursing is not located, your candidature will not be considered for admission if identified at any stage.



Indira Gandhi National Open University

Student Satisfaction Survey

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:

--	--	--	--	--	--