



**BANARAS HINDU UNIVERSITY  
INSTITUTE OF MEDICAL SCIENCES  
VARANASI - 221005**

<b>Roll No.</b>

**B.Sc. Nursing & B. Pharm. (Ay.) Entrance Test – 2012 on 03.06.2012**

Last date to reach the completed form to the Director, IMS-BHU by Registered Post only : 28<sup>th</sup> March, 2012

Along with this application form the following things **MUST ATTACH** :

1. Demand Draft Rs. 1000/- for General/OBC Category and Rs. 600/- for SC/ST Category in favour of the Director, IMS, BHU payable at Varanasi
2. Four Self Postal Addressed unstamped envelop
3. Proof for Date of Birth (High School Certificate)
4. Certificate for OBC non-creamy layer (income proof of last three years), i.e. 2010-2012 / SC/ST
5. Certificate for Physically Challenged
6. Intermediate Marksheet. If Not passed, attach appearing certificate from Principal

**APPLICATION FORM**

(Total 4 pages)

(For Office Use Only)

Provisionally allowed/Not allowed Reasons:	Date of Receipt:	<input type="text"/>
	Diary No. / Receipt No.:	<input type="text"/>

(To be filled in by the candidate in own handwriting)

Tick (✓) the appropriate box

1. Course applied for: i) B.Sc Nursing  ii) B. Pharm(Ay.)  iii) Both

2. Details of Demand draft Enclosed

DD No..... Date..... Amount..... Issuing Bank .....

In favour of ..... Payable at .....

3. Name of the candidate.....

(in block letters)

4. Father's Name : .....

5. Mother's Name : .....

6. Date of birth : ..... 7. Age as on 31.07.12. ....

7. Sex : Male  Female

8. Category: SC  ST  OBC (non-creamy layer)  GEN

\*\* PC candidate --- Yes  No  (if yes, attach certificate for physically challenged)

\*\* *Physically challenged (PC) candidates are not eligible for B.Sc. nursing course.*

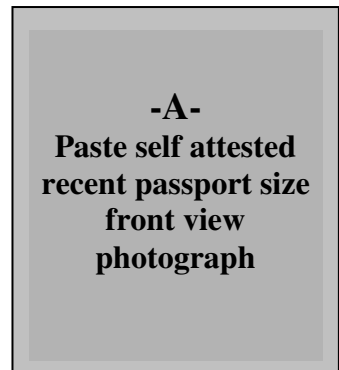
11. Address for Correspondence: .....

.....

..... Tel. No. with STD Code ..... Mobile No. ....

12. Permanent address: .....

..... Tel. No. with STD Code ..... Mobile No. ....



**13. Details of the Examinations passed:**

Name of the examination	University/ Board	Year	Subjects	Marks obtained / Maximum marks	% of Marks
High School or equivalent					
I.Sc. / 10+2 or equivalent					
Any Other, Specify _____ _____ _____					

**Total Percentage of marks in Physics, Chemistry, Biology & English in  
Intermediate or equivalent examination \_\_\_\_\_**

**14. Name and Full Address of the College last attended:**


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**DECLARATION BY THE CANDIDATE**

- I have read the Information and Instruction Booklet carefully.
- I am an Indian Citizen and have not taken part in any activity subversive to law.
- The Application Form has been duly filled and signed by me in my own handwriting. All the information furnished herein is true and complete and nothing has been concealed or distorted. If any time it is found that the entries made in my Application Form are incorrect or any of the information has been concealed or distorted, my admission to B.Sc. Nursing/B.Pharm(Ay.) course at the, IMS, Banaras Hindu University, shall be liable to be summarily cancelled without any notice whatsoever by the Head of the Institution.
- I shall abide by the decision of the Head of the Institution in all matters of admission, discipline, examination, residence, attendance in the classes and shall abide by the Rules & Regulations of the Banaras Hindu University.
- I promise to submit/show original copies of all my Educational Qualification Certificates, Mark Sheets as well as other relevant Certificates at the time of my admission to the Admission Committee. In the event of failure to do so, my admission to IMS, BHU shall stand cancelled.
- I understand that if I fail to submit relevant documents / fulfill the essential criteria for admission, my candidature shall stand cancelled forthwith even if I have secured success in the merit list of entrance test results.

**Date :****Place:****Signature of the Candidate****(In running handwriting)****UNDERTAKING BY THE FATHER / GUARDIAN**

In the event of my Daughter / Ward being admitted to B.Sc. Nursing/B. Pharm (Ay) Course, I hereby give an undertaking that I shall be responsible for the behavior and conduct of my Son/Daughter / Ward during the entire course of studies and shall make payments for any dues to the University.

I also give an undertaking that in all matters of admission, discipline, examination, residence, attendance in class and other related matters of my Son/Daughter / Ward shall abide by the decision of the Head of the Institution.

**Date :****Place:****Signature of the Father / Guardian****Name in Full & Relation with the Candidate**


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**BANARAS HINDU UNIVERSITY  
INSTITUTE OF MEDICAL SCIENCES**

**VARANASI – 221005  
B.SC. NURSING & B. PHARM (AY)  
ENTRANCE TEST – 2012  
ON Sunday 03<sup>rd</sup> June , 2012  
PROVISIONAL ADMIT CARD**

<b>Roll No.</b>

Issued for (Course).....

Examination Centre .....Time: 10.00 am to 12.00 noon  
(To be filled by the office)

(To be filled by the candidate in own handwriting)

Admit Provisionally Ms.....  
(in BLOCK LETTERS)  
Son/Daughter/Ward of Sri . .....  
Address: .....  
.....  
.....

<b>-B-</b> Paste self attested recent passport size front view photograph
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\_\_\_\_\_  
Specimen signature of the Candidate  
(In running handwriting)

\_\_\_\_\_  
Authorized Signatory  
(for Office Use)

**INSTRUCTIONS FOR CANDIDATE**

1. Candidate must bring Admit Card with his/her to secure entry in the examination room.
2. Mark your answers on the "Answer Sheet" by blackening the circles using **BALL POINT PEN WITH BLACK INK**. (Read the instructions given in the Information & Instruction Booklet supplied with the form carefully).
3. PLEASE BRING YOUR OWN WRITING MATERIAL.
4. ENVELOPE OF ADMIT CARD / ANY OTHER PAPER / ANY RESOURCE MATERIAL/CALCULATORS/SLIDE RULE/MOBILE PHONE/ PAGERS ARE NOT ALLOWED.
5. The examination rooms will be opened half an hour before the commencement of the examination.
6. No candidate will be admitted to the examination room after **Fifteen minutes** of start of the examination (upto 10.15 a.m)
7. No candidate will be allowed to leave the examination room till the examination is over.
8. Candidate should not leave the examination room without handing over his/her question booklet and answer sheet to the Invigilator.
9. Candidates will be required to sign his/her attendance and thumb impression at designated place in the presence of the invigilator when directed to do so by the Invigilators.
10. Candidates who fail to observe these regulations may be disqualified and debarred from appearing in the entrance test and any subsequent examination held by the University.

THE ADMIT CARD IS BEING ISSUED PROVISIONALLY SUBJECT TO THE SCRUTINY OF THE ELIGIBILITY. IT IS ONLY AFTER VERIFICATION OF THE ELIGIBILITY THAT THE CANDIDATE WOULD BE CONSIDERED FOR ADMISSION. MERE APPEARING OR QUALIFYING IN THE TEST DOES NOT ENTITLE A CANDIDATE FOR SELECTION/ADMISSION

**PRESERVE YOUR PROVISIONAL ADMIT CARD WHICH HAS TO BE PRODUCED BEFORE ADMISSION COMMITTEE IN CASE OF YOUR SELECTION.**

**If this admit card not received, duplicate admit card will be issued only on 02<sup>nd</sup> June 2012 (10:00 a.m. to 3:00 p.m.)  
BRING TWO PHOTOGRAPHS FOR DUPLICATE ADMIT CARD**



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B.SC. NURSING & B. PHARM (AY)  
ENTRANCE TEST – 2012  
ON Sunday 03<sup>rd</sup> June , 2012**

**REGISTRATION CARD**

<b>Roll No.</b>

Course applied for .....  
**Examination Center** .....  
(To be filled in by the Office)

(To be filled in by the candidate in own handwriting)

- 1. Full Name: .....
- 2. Father's name: .....
- 3. Date of birth: .....
- 4. Address: .....
- .....
- .....

<b>-C-</b> Paste self attested recent passport size front view photograph
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5. Specimen signature of the Candidate at the time of filling this form.

6. TO BE USED IN THE EXAMINATION HALL IN PRESENCE OF INVIGILATOR

Not to be filled at the time of applying

Signature of the Candidate (In running handwriting)
Signature & Seal of the Principal of the School/College last attended

Signature of the Candidate (In running handwriting)
Name and Signature of the Invigilator Verifying the Signature and Photograph