



GOVERNMENT OF TAMIL NADU
ADMISSION TO
POST BASIC B.Sc., NURSING COURSE FOR TRAINED NURSES
(for DIPLOMA IN NURSING CANDIDATES)

2008-2009 SESSION

PROSPECTUS

LAST DATE FOR SUBMISSION OF
APPLICATION 27-08-2008 UPTO 5.00 P.M.



SELECTION COMMITTEE
DIRECTORATE OF MEDICAL EDUCATION
162, PERIYAR E.V.R. HIGH ROAD, KILPAUK
CHENNAI - 600 010.

COST Rs. 350/-



**SELECTION COMMITTEE
DIRECTORATE OF MEDICAL EDUCATION
CHENNAI - 600 010.**

**POST BASIC B.Sc., NURSING COURSE FOR TRAINED NURSES
(For Diploma in Nursing Candidates)
2008 - 2009 SESSION**

CHECK LIST

S.NO.	ITEM
1.	PROSPECTUS BOOKLET
2.	APPLICATION FORM
3.	ACKNOWLEDGEMENT CARD
4.	LARGE SIZE COVER FOR RETURN OF DOCUMENTS
5.	OUTER LARGE SIZE COVER
6.	SCRUTINY FORM

Dear Candidate,

Kindly verify whether the above items are found in the cover. If any one of the above is found missing please return the entire set and request for a replacement at the counter itself.

**APPLICATION REGISTRATION NUMBER**

(TO BE ENTERED BY THE OFFICE)

SELECTION COMMITTEE

DIRECTORATE OF MEDICAL EDUCATION

POST BASIC B.Sc. (NURSING) 2 YEARS COURSE FOR TRAINED NURSES FOR ADMISSION 2008-2009 SESSION**APPLICATION FOR POST BASIC B.Sc., (NURSING) COURSE FOR TRAINED NURSES****(For Diploma in Nursing Candidate only)**

1. NAME IN BLOCK LETTERS (INITIAL AT THE END)

.....

2. ADDRESS FOR COMMUNICATION

.....

.....

.....

.....

PIN

CONTACT NUMBER :

LAND LINE :

MOBILE :

3. NAME OF THE PARENT / GUARDIAN :

.....

4. RELIGION : 5. MOTHER TONGUE : SPACE FOR PHOTOGRAPH
(TO BE ATTESTED BY GRADEA/B OFFICERS OF CENTRAL / STATE GOVERNMENTS)

6. NATIONALITY (ENCIRCLE A CODE)

INDIAN	OTHERS
1	2

7. NATIVITY (ENCIRCLE A CODE)

TN	OTHERS
1	2

8. SEX (ENCIRCLE A CODE)

MALE	FEMALE
1	2

9. DATE OF BIRTH

DATE	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

10. COMMUNITY (ENCIRCLE A CODE)

O.C	B.C.	BCC	BCM	MBC/DC	S.C.	S.T.
1	2	3	4	5	6	7

11. CASTE CODE

(REFER LIST OF COMMUNITIES. FOR 'OC' USE CODE 500)

12. NAME OF THE CASTE

13. QUALIFYING EXAMINATION (ENCIRCLE A CODE)

H.S.E.	S.S.C.E./CBSE	I.S.C.E.	OTHERS
1	2	3	4

14. MEDIUM OF INSTRUCTION (ENCIRCLE A CODE)

ENGLISH	TAMIL	OTHERS
1	2	3

15 a)

MAXIMUM TOTAL MARKS PRESCRIBED IN THE BOARD EXAMINATION (for the whole programme)	TOTAL MARKS OBTAINED IN IN THE BOARD EXAMINATION (for the whole programme)

15 b) MARKS OBTAINED IN THE +2 EXAM

SUBJECT	MAXIMUM MARKS	MARKS OBTAINED	PERCENTAGE
PHYSICS			
CHEMISTRY			
BIOLOGY			
BOTANY			
ZOOLOGY			
Nursing Theory + Practical			
Foundation Science Theory + Practical			
TOTAL			

16 NURSING COUNCIL REGISTRATION NUMBER :

17. DATE OF PASSING OF DIPLOMA IN NURSING :
(Midwifery / Psychiatric Nursing)

18. Present Occupation : SERVICE / PRIVATE

SERVICE PARTICULARS

19. Designation of present post held : _____

20. Date of entry into Service : _____

21. Date of completion of two years of
continuous service : _____

22. Service Status ("✓") : (a) Temporary (b) Probationer (c) Approved Probationer

23. Selected by : a. Government b. Others (specify)

24. Whether any subsisting contractual
obligation is pending to be fulfilled
to the Government ("✓") : Yes / No. _____

Place : _____

Date : _____

Signature of the Candidate

SERVICE PROFORMA

- 1 Name of the Candidate :
2. Designation :
3. Date of Entry into Government Service :
4. Date of completion of two years of continuous service :
5. Total Service as on 27-8-2008 :
6. Whether selected by Govt. (or) other agency (specify) :
7. Name of the appointing authority :
8. Service Status (Temporary/Probationer / Approved Probationer) :
9. Status of the Institution (State / Central / Local Bodies / Organisation or Undertaking of Govt. of India in Tamilnadu / Undertaking or Organisation of Govt. of Tamilnadu.

FORMAT

10. Complete service particulars till date (may be furnished in a separate sheet in the format duly signed by the forwarding authority) :
11. Whether the candidate is under any subsisting contractual obligation, if so give details. :
12. Station in which the candidate is presently working :

Sl. No.	POST	PLACE	FROM	TO

- Date :
- Office Seal :

Signature of the Forwarding Officer

25. DECLARATION BY THE APPLICANT

I..... (Name in full and in Block Letters) Son/ Daughter / Husband / Ward of hereby solemnly declare that the information furnished and the statements given in the application, Scrutiny Form and the enclosures are true, correct and complete. I further declare that if it is found otherwise, I will be liable to forfeit my seat and / or be removed from the rolls of the institutions at whatever stage of study I may be in, besides making me liable for criminal prosecution.

SIGNATURE OF THE APPLICANT

**PRE - DESPATCH CHECK LIST
FOR THE USE OF THE APPLICANT**

It is the candidate's own responsibility to exercise suitable checks and ensure that his / her application is correct and complete in all respects. As a facility for a further check, a list of tasks are given below. Against each task-description, the candidate should put a tick mark (✓) or write "N.A." to indicate that the task has been done or is Not Applicable to him / her.

1. DATA

- 1.1 Application Form and Large size cover for return of documents :
- 1.2 Application Form filled up :
- 1.3 Checked and confirmed that corresponding entries in Application Form and Scrutiny Form tally and that there is no discrepancy :

2. SUPPORTIVE DOCUMENTS

Attested Xerox Copies of the following enclosed.

- 2.1. Diploma in Nursing & HSC Mark Sheets :
- 2.2 Community Certificate in the latest permanent community card :
- 2.3 Latest Transfer Certificate (T.C.) :
- 2.4. Nativity Certificate :
- 2.5 Experience Certificate :

3. MISCELLANEOUS

- 3.1 Attested Passpost size photograph affixed in the Application :
- 3.2 Self - addressed and sufficiently stamped acknowledgement card :

_____ **Date :**

_____ **Signature of the Applicant**

Note : This form should be submitted along with the filled-in-application form.

**APPLICATION FOR POST BASIC B.Sc.,
(NURSING) 2 YEARS COURSE FOR TRAINED
NURSES ADMISSION 2008-2009 SESSION**



SCRUTINY FORM

(To be filled in by the Candidate as per the entries made in Application form)

A.R. No.

(To be filled in by Office)

(CIRCLE THE CORRECT NUMBER WHEREVER NECESSARY)

Sl. No.	Details		OFFICE USE ONLY SCRUTINY					
1.	Application Form No.							
2.	Name in CAPITAL LETTERS							
3.	Mailing Address with Phone numbers		Pin Code :					
4.	Date of Birth & Sex (CIRCLE THE CORRECT NUMBER)	Date	Month	Year	Male	Female		
5a.	Religion (CIRCLE THE CORRECT NUMBER)	Hindu	Christian	Muslim	Others			
		1	2	3	4			
b.	Nativity & Mother Tongue (CIRCLE THE CORRECT NUMBER)	TN	Others	Tamil	Others			
		1	2	1	2			
6.	Community (CIRCLE THE CORRECT NUMBER)	OC	BC	BCC	BCM	MBC/DC	SC	ST
		1	2	3	4	5	6	7
7.	Name of the Caste and Caste Code No. as in the list	Caste Name			Code No.			
8.	Diploma in Nursing Marks (Attested xerox copies to be produced)	Maximum total marks prescribed in the board examination (for the whole programme)			Total marks obtained in the board examination (for the whole programme)			
9.	HSC Marks (Attested xerox copies to be produced)	Subjects		Maximum Marks	Marks Obtained			
		Physics						
		Chemistry						
		Biology						
		Botany						
		Zoology						
		Nursing Theory + Practical						
		Foundation Science Theory + Practical						
		Total						
10.	Whether certificate for having passed Diploma Examination is attached.	YES		NO				
		1		2				
11.	Nursing Council Registration Number							
12.	Total No. of years of service after acquiring Diploma in Nursing							

I sincerely affirm that the information furnished above are true.

Station :

Date :

Signature of the Candidate

A.R. No. :

SELECTION COMMITTEE
Directorate of Medical Education
Kilpauk, Chennai - 10.

ACKNOWLEDGEMENT CARD
THE RECEIPT OF YOUR APPLICATION FOR ADMISSION TO
POST BASIC B.Sc., NURSING COURSE FOR TRAINED NURSES
(FOR DIPLOMA IN NURSING CANDIDATES)
2008-2009 SESSION IS ACKNOWLEDGED

FROM
THE SECRETARY,
SELECTION COMMITTEE
KILPAUK,
CHENNAI - 600 010.

* Write Candidates
Mailing Address

Affix
Rs. 6/-
Postage
Stamp

To

.....
.....
.....
.....

PINCODE