

Document Verification

CHO (B.Sc./P.B.-B.Sc. Nursing Integration)

Basic information

Name of Candidate: _____ Age: _____ Sex _____

Roll Number (issued by SAMS) _____ B.Sc. / P.B.B.Sc. Nursing _____

Name of College _____

Affiliated University _____ Mobile Number _____

State _____ College code (given by University) _____

Enrollment Year in B.Sc. / P.B.B.Sc. Nursing _____

Integration of CCH curriculum in B.Sc. / P.B.B.Sc. Nursing (Yes / No) _____

(Attach copy of Appendix 1 / appendix 2 issued by principal on College letter pad)

Details of Education Qualification (B.Sc Nursing-Integrated)

S.no	Year of Study	Enrolled year	Year of Passing	Declaration of result (Yes/No)	Result (Pass / Fail)	Mark sheet Issued (Yes / No)
1.	B. Sc Nursing 1 st Year					
2.	B. Sc Nursing 2 nd Year					
3.	B. Sc Nursing 3 rd Year					
4.	B. Sc Nursing 4 th Year					

Relieved from college _____ (Attach relieving order)

4th year Exam completed (Yes / No) _____

Clinical posting Completed (Yes / No) _____

If no, how many months Clinical posting still remain? _____

Self-declaration

I _____ Son / Daughter of _____ hereby declared that, I had attended additional 75 hours (Theory + Practical) of Integrated CCH curriculum during B.Sc./ P.B.B.Sc. Nursing from _____

(Name of College), _____ (Name of University) _____
(State) _____. Any false information/facts provided by me shall be taken against the rules and my selection should be cancelled

Date:

(Signature of Candidate)

Documents

- Document Verification Form (Duly Filled by candidate)
- 10th Mark sheet
- 12th Mark sheet
- B.Sc. Nursing /P.B.B. Sc. Nursing Mark sheets
- Entrance exam Admit Card
- Original medical fitness certificate
- MP Domicile certificate
- Caste Certificate
- Relieving certificate issued by college
- B.Sc. Nursing integration certificate as per appendix 1 and 2
- Live Council Registration Certificate
- Degree Certificate