

# INDIRA GANDHI NATIONAL OPEN UNIVERSITY

MAIDAN GARHI, NEW DELHI-110 068

## APPLICATION FORM

(To be submitted to School of Health Sciences along with the consolidated details of data of each selected student in Hard and Soft copy by MOHFW)

<b>INSTRUCTIONS</b>										<b>APPLICATION NO.</b>																																					
1. Please read the instructions before filling up the form (Appendix 26). 2. Please use Black/Blue Ball Point Pen in boxes using English CAPITAL LETTERS or English numerals. 3. Write in CAPITAL LETTERS only within box. Leave blank between words as shown in the example below. 4. Attach relevant certificates with application form. 5. Attach DD in favour of IGNOU payable at Delhi (to be paid by MOHFW).										<input style="width: 100%; height: 20px;" type="text"/>																																					
<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 10px; text-align: center;">A</td><td style="border: 1px solid black; width: 10px; text-align: center;">B</td><td style="border: 1px solid black; width: 10px; text-align: center;">C</td><td style="border: 1px solid black; width: 10px; text-align: center;">D</td><td style="border: 1px solid black; width: 10px; text-align: center;">E</td><td style="border: 1px solid black; width: 10px; text-align: center;">F</td><td style="border: 1px solid black; width: 10px; text-align: center;">G</td><td style="border: 1px solid black; width: 10px; text-align: center;"> </td><td style="border: 1px solid black; width: 10px; text-align: center;">I</td><td style="border: 1px solid black; width: 10px; text-align: center;">J</td><td style="border: 1px solid black; width: 10px; text-align: center;">K</td><td style="border: 1px solid black; width: 10px; text-align: center;">L</td><td style="border: 1px solid black; width: 10px; text-align: center;"> </td><td style="border: 1px solid black; width: 10px; text-align: center;">N</td><td style="border: 1px solid black; width: 10px; text-align: center;">O</td><td style="border: 1px solid black; width: 10px; text-align: center;">P</td><td style="border: 1px solid black; width: 10px; text-align: center;">Q</td><td style="border: 1px solid black; width: 10px; text-align: center;">R</td><td style="border: 1px solid black; width: 10px; text-align: center;">S</td><td style="border: 1px solid black; width: 10px; text-align: center;">T</td><td style="border: 1px solid black; width: 10px; text-align: center;">U</td><td style="border: 1px solid black; width: 10px; text-align: center;">V</td><td style="border: 1px solid black; width: 10px; text-align: center;"> </td><td style="border: 1px solid black; width: 10px; text-align: center;">X</td><td style="border: 1px solid black; width: 10px; text-align: center;">Y</td><td style="border: 1px solid black; width: 10px; text-align: center;">Z</td><td style="border: 1px solid black; width: 10px; text-align: center;">0</td><td style="border: 1px solid black; width: 10px; text-align: center;">1</td><td style="border: 1px solid black; width: 10px; text-align: center;">2</td><td style="border: 1px solid black; width: 10px; text-align: center;">3</td><td style="border: 1px solid black; width: 10px; text-align: center;">4</td><td style="border: 1px solid black; width: 10px; text-align: center;">5</td><td style="border: 1px solid black; width: 10px; text-align: center;">6</td><td style="border: 1px solid black; width: 10px; text-align: center;">7</td><td style="border: 1px solid black; width: 10px; text-align: center;">8</td><td style="border: 1px solid black; width: 10px; text-align: center;">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	<b>Enrolment No. (For Office Use)</b> <input style="width: 100%; height: 20px;" type="text"/>	
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												
<b>1. Name of the Programme Applied:</b> <input style="width: 90%; height: 20px;" type="text"/>										<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>PHOTOGRAPH</b>                      Affix your latest passport size photograph (4 cm x 5 cm) duly attested by you                 </div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 20px;"> <b>Signature of Applicant</b> </div>																																					
<b>2. Programme Code:</b> <input style="width: 100%; height: 20px;" type="text"/>																																															
<b>3. Medium of Study</b> (Write code in the box) A1 English <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> B2 Hindi <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> C3 Others <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																																															
<b>4. Regional Centre Code:</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																																															
<b>5. Programme Study Centre Code:</b> <input style="width: 100%; height: 20px;" type="text"/>												<b>6. State Code:</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																																			
<b>7. a. Are your registered with (Ignou)</b> (Please write relevant code in the box) A1 - Yes <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> B2 - No <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>										If yes, Programme Code: <input style="width: 100%; height: 20px;" type="text"/>																																					
										Enrolment No.: <input style="width: 100%; height: 20px;" type="text"/>																																					
<b>8. Name of the Candidate:</b> (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"/>																																															
<b>9. Father/Mother/Husband Name:</b> (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"/>																																															
<b>10. Address for Correspondence:</b> (Please do not give POST-BOX Number. Use Capital Letters and give space between words)																																															
a) House No.: <input style="width: 100%; height: 20px;" type="text"/>										b) Street Name: <input style="width: 100%; height: 20px;" 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: 100%; height: 20px;" type="text"/>										f) Pin Code: <input style="width: 100%; height: 20px;" type="text"/>																																					
g) State: <input style="width: 100%; height: 20px;" type="text"/>																																															
<b>11. Contact Details:</b> a) Landline No. <input style="width: 100%; height: 20px;" type="text"/>										Fax, if any: <input style="width: 100%; height: 20px;" type="text"/>																																					
b) e-mail ID: <input style="width: 100%; height: 20px;" type="text"/>										c) Mobile No.: <input style="width: 100%; height: 20px;" type="text"/>																																					
<b>12. Date of Birth:</b> Date <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / Month <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / Year <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>										<b>13. Nationality</b> A1 - Indian <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> B2 - Others, <input style="width: 100%; height: 20px;" type="text"/> pl. specify																																					
<b>14. Gender</b> (Pls. write relevant code in the box) A1 - Male <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> B2 - Female <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> C3 - Other <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>										<b>15. Category</b> (Pls. write relevant code in the box) A1 - General <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> B2 - SC <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> C3 - ST <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> D4A - OBC (Creamy) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> D4B OBC (Non Creamy) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		<b>16. Area</b> (Pls. write relevant code in the box) A1 - Urban <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> B2 - Rural <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> C3 - Tribal <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																																			
<b>17. Marital Status</b> (Pls. write relevant code in the box) A1 - Single <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> B2 - Married <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>										<b>18. Religion</b> (Pls. write relevant code in the box) A1 - Hindu <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> D4 Sikh <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> G7 Parsi <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> B2 - Muslim <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> E5 Jain <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> H8 Jews <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> C3 Christian <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> F6 Buddhist <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> I9 Others <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		<b>19. Whether Minority</b> (Pls. write relevant code in the box) A1 - Yes <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> B2 - No <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																																			
<b>20. Social Status</b> (Pls. write relevant code in the box) A1 - Ex-Serviceman <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> B2 - War Widows <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> C3 - Not Applicable <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>										<b>21. Whether Kashmiri Migrant</b> (Pls. write relevant code in the box) A1 - Yes <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> B2 - No <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		<b>22. Employment Status</b> (Pls. write relevant code in the box) A1 - Unemployed <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> B2 - IGNOU regular employee <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> C3 - Employed <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> D4 - KVS employee <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																																			

**23. Details of Scholarship being received, if any**

a) Annual Scholarship Amount <input type="text"/>	b) Deptt. offering Scholarship: A1 Government <input type="text"/>	c) Family Income (annual) <input type="text"/>	d) Below Poverty Line A1 Yes <input type="text"/>	e) Jain Inmates A1 Yes <input type="text"/>
--	---	---	--	--

**24. a) Whether a Person with Disability**

(Pls. write relevant code in the box) A1 - Yes  B2 - No

**b) If yes, kindly provide details of disability:**

(Pls. write relevant code in the box) A1 - Speech and Hearing Impairment   
B2 - Locomotor Impairment   
C3 - Visual Impairment   
D4 - Low Vision

Leprosy Cured   
Mental Retardation   
Mental Illness

**25. Educational Qualifications:**

a) Whether 10 <sup>th</sup> or 12 <sup>th</sup> pass A1 - 12 <sup>th</sup> <input type="text"/> B2 - 10 <sup>th</sup> <input type="text"/>	b) Main Subjects 1. _____ 2. _____ 3. _____	c) Year of Passing <input type="text"/>	d) Division <input type="text"/> <small>01, 02, 03 or 04 for pass</small>	e) %age of Marks <input type="text"/>	f) Board Code/University <input type="text"/>
--	--	--	---	--	--

**26. Relevant Qualifications (which make you eligible for application to the programme) GNM/B.Sc.N/BAMS**

a) Qualification A1 - GNM <input type="text"/> B2 - BScN <input type="text"/> C3 - BAMS <input type="text"/> C4 - Any other <input type="text"/>	b) Main Subjects 1. _____ 2. _____ 3. _____ 4. _____	c) Year of Passing <input type="text"/>	d) Division <input type="text"/> <small>01, 02, 03 or 04 for pass</small>	e) %age of Marks <input type="text"/>	f) Board Code/University <input type="text"/>
--	--	--	---	--	--

g) Council Registration Number RN  RM  Name of Nursing Council/ Ayurveda Council

h) Whether in Service A1 - Yes  B2 - No

Place of work: \_\_\_\_\_

i) Years of experience after RN/RM/Ayurveda practice

**27. Details of fee Remittance:**

a) Mode of Payment (Pls. write relevant code in the box) A1 - Cash Challan  B2 - Demand Draft

b) Amount : Rs. \_\_\_\_\_ Please add Rs. 500/- in case of Late fee

c) DD/Challan Number:

e) Bank Name:

**28. 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 by Registered/Speed Post to School of Health Sciences, IGNOU.
2. Last date for receipt of filled in application form is as per advertisement.
3. Please retain photo copy of the filled application form for future reference.
4. For Detailed instructions please refer Student Handbook & Prospectus.
5. Self attested Photocopy of all the relevant certificates of DOB, Category, Employment, Educational Qualification, relevant Qualification making you eligible for application to programme, Council Registration and Demand Draft must be send along with this application form.
6. Original Certificates will be verified.
7. Fill up the column of E-Mail ID and correct mobile no., otherwise candidate will be responsible for non receipt of communication.

**For office use**

ADMITTED	NOT ADMITTED
----------	--------------

Reason for not admitting \_\_\_\_\_

Signature with date \_\_\_\_\_

### 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

**Bridge Programme in Community Health  
for Nurses**

(FOR USE OF IGNOU FACILITIES ONLY)



Indira Gandhi National Open University

### ACKNOWLEDGEMENT CARD

Dear Student,

Thank you for joining IGNOU Bridge Programme in Community Health. 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:

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