



ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR

College of Nursing (uflZax egkfo|ky;)

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
(An Institution of National Importance under Ministry of Health & Family Welfare)
भारतसरकार/ Government of India

INSTRUCTIONS FOR CANDIDATES FOR BSc [Hons.]NursingADMISSION

BATCH 2021

- Admission for BSc [Hons.]Nursing 2021 Batch 1st Round of Counseling at AIIMS, Delhi will start from 7.02.2022 from 9AM till 11.02.2022 up to 5 PM. (The admission will remain closed on Sunday)
- Candidates selected are advised to see the Forms/Documents/Drafts in the Notice Section of AIIMS Deoghar Website. Candidates are to attend physically for the admission process. The Enclosed Documents has been put up in the Notice Section Student Column of the AIIMS Deoghar Website.
- Candidates for BSc [Hons.]Nursing Admission 2021 Batch are required to bring along with them the original documents as in the Checklist of MBBS 2021 Admission along with one xerox of self-attested documents in sequential order as in the Checklist.
- Candidates are advised to download and fill up all the enclosed forms of BSc [Hons.]Nursing Admission which will ensure the admission process hassle free.
- No accommodation will be provided because of the current pandemic situation. The Circular regarding classes will be issued in due course of time.
- Admission process may spill over to the next day and candidates are required to do the needful before their arrival at Deoghar. They are also advised to come before the last date of admission i.e., 11.02.2022.

Sequence of Admission (Annexures I to Annexure III)-

1. Report at OPD Building AIIMS Devipur Permanent Campus at 9AM for TRUNAT Testing of Candidate and Parent/ Legal Guardian and then go to the Office of Medical Superintendent AIIMS Devipur Permanent Campus at 9AM for Medical Examination with Medical Examination Format of AIIMS Deoghar available in Institute website.
2. Do the Three Demand Drafts as mentioned in the Checklist along with the Four Notarized Affidavit Annexures I, II, III, IV as per Format of the Affidavit available in AIIMS Deoghar website.
3. Take the AIIMS Deoghar College Bus available at OPD Area AIIMS Deoghar Devipur Permanent Campus and come to Auditorium Panchayat Training Institute Daburgram
4. Jasidih Deoghar (AIIMS Deoghar Temporary Campus) for completion of Admission Process.



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5. Complete the process of Admission, Take Provisional Admission Letter, Original Document Submission Receipt and Fee Receipts after completion of Admission process. Visit the Hostel for completion of the Hostel Allotment process after Completion of the Admission and also visit the Mess Facility in Ground Floor Guest House PTI Daburgram Jasidih Deoghar before Leaving Deoghar (Hostel Application Form enclosed)
6. Fee Structure of BSc [Hons.] Nursing AIIMS Deoghar is as per AIIMS, Delhi Prospectus and annexure attached

Enquiries and Clarifications regarding admission:

Contact No.: Ms. Athira Assistant Professor, College of Nursing, AIIMS, Deoghar - **8129357822** (9AM-5PM Monday to Saturday). For regular updates <https://www.aiimsdeoghar.edu.in/>

*** Nodal Officer for BSc [Hons.] Nursing Admission AIIMS Deoghar (Principal) Email:** conur@aiimsdeoghar.edu.in

Principal



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BSc. (Hons.) Nursing Admission- 2021 (Checklist)

1. Medical Examination done from Standing Medical Board in the Performa enclosed.
2. Passport size photographs (Min 5)
3. All original documents and Xerox Copies mentioned as-
 - a) Class 10 Mark sheet
 - b) Class 10 Passing Certificate
 - c) Class 12 Mark Sheet
 - d) Class 12 Passing Certificate
 - e) Migration Certificate issued by Board
 - f) Transfer Certificate issued by School
4. Registration cum confirmation sheet (Provided by AIIMS, Delhi)
5. Admit card (Provided by AIIMS, Delhi)
6. Rank letter (Provided by AIIMS, Delhi)
7. Allotment letter (Provided by AIIMS, Delhi)
8. Caste certificate- Govt of India format attached (in case of SC/ST/OBC/EWS Candidates) and PwBD Certificate (wherever required) from centres identified as per MCC.
9. **Admission fee- Rs. 3165/-** (Demand Draft/NEFT in favour of “**All India Institute of Medical Sciences DEO**” payable at **AIIMS Patna**) [Account No. **579310110009737** IFSC Code: **BKID0005793**]
10. **Mess fees: Rs 10,500** (Demand Draft/NEFT in favour of “**Mess Account AIIMS Deoghar**” payable at **Deoghar**) [Account No: **39793052571** IFSC Code: **SBIN0000064**]
11. **Hostel fees: Rs 1,000** (Demand Draft/ NEFT in favour of “**Student Welfare Account AIIMS Deoghar**” payable at **Deoghar**) [Account No. **39830735409** IFSC Code: **SBIN0000064**]
12. Signed Affidavit by parent and student regarding attendance (soft copy is available at AIIMS Deoghar websites).



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13. Undertaking (soft copy is available at AIIMS Deoghar websites): 5 Enclosures.
14. Signed affidavit by parent and student regarding anti-ragging (soft copy is available at AIIMS Deoghar websites).

Principal

Form for Candidate's Particulars: B.Sc. (Hons) Nursing Program

Category: UR/SC/ ST/ OBC

Date of Reporting - (First / Second/ Spot Counselling)

1. Name (IN BLOCK CAPITALS)
2. Father's Name (IN BLOCK CAPITALS)
3. Mother's Name (IN BLOCK CAPITALS)
4. Date of Birth: Day Month Year
5. Religion:
6. Adhaar Number
7. Correspondence

Affix current
passport
size
photograph.

Address

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

8. Permanent

Home

Address

.....



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.....

.....

9. Contact

Mobile No. 1- (Self).....Mobile No 2-

(Parents).....

E. Mail -

10. Nationality:.....State of

Domicile:.....

11. Details of Entrance Exam:..... Attempt Coaching

.....

a. Roll No. of Entrance Exam:..... b.

Rank:.....

12. Academic Qualification

Examination	Passing Yrs.	Board	Subjects	Marks		
				Max.	Obt.	%
10+ 2						



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Declaration: -

- (a) I certify that particulars given in the application are correct and if any of them is found to be incorrect, the Institution's decision shall be final and binding on me.
- (b) I certify that I have passed the Entrance examination held onfor admission in B.Sc. (Hons) Nursing by AIIMS, New Delhi.
- (c) Certify that all my Originals Certificates (i.e. 10th Passed/Age proof, 12th Passed Marks Sheet and Scheduled Caste/Scheduled Tribe (SC/ST)/Other Backward Class (OBC) are authentic. If any found false, then my candidature may be treated withdrawn/cancelled at any time during the course.

For OBC only

(I belong to thecommunity which is recognized as a backward class by the Government of India for purpose of Reservation in Service as per orders contained in Department of Personnel and Training office Memorandum No. 36012/22/93. Estt. (SCT) dated 8.9.1993. It is also declared that I do not belong to persons/Section (Creamy Layer) mentioned in Column 3 of the Scheduled to the above referred Office Memorandum dated 8.9.1993, which is modified vide Department of Personnel and Training Office Memorandum No.36033/3/2004 Estt. (Res.) dated 9/3/2004 and further modified vide Memorandum No-36033/1/2013 Estt. (Res.) dated: 27.05.2013.)

In case the above information furnished by me is found incorrect in the later stage, my admission/ appointment may be cancelled.

Signature of Applicant



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UNDERTAKING BY PARENTS

I, Smt./Sh. Father/ Mother/ Guardian of Miss
..... who is a student of B.Sc.(Hons) Nursing batch-2019 at College of
Nursing, AIIMS, Deoghar.

I undertake the following:

1. I[allow / don't allow] my ward to ask for leave from hostel/ college herself. I also undertake the responsibility that she will complete 80% attendance in theory and practical/ clinical (irrespective of all types of leaves & absence), which is mandatory appearing in annual examination and I am also aware that she has to complete 100% clinical attendance before award of degree.
2. I[allow / don't allow] my ward to travel alone to home during leave/ holiday/ vacation and I will be completely responsible for any kind of mishappening on the way during her home travel and stay at home.
3. I[allow / don't allow] my ward to ask for outing from hostel during weekdays and weekends. I will be completely responsible for any kind of mishappening on the way during the outing from hostel.
My ward will obey rules and regulations of Nursing College & Hostel, AIIMS, Deoghar and I will be responsible for her work and conduct at college and hostel.

Name of Parent/ Guardian:

Sign Parents/ Guardian:

.....

CHECK LIST

1. Metric Certificate/ Birth Certificate.
2. 10+2 detail marks cards and certificate.
3. SC/ST/OBC/Handicap Certificate (for reserved category).
4. Migration Certificate/Transfer Certificate.
5. Character certificate from Principal of school last attended.
6. Affidavit of Gap year (if any) and anti ragging affidavits by student & parents.
7. Domicile certificate.
8. Four recent passport size photographs.

Note: Please submit one self-attested copy of each above mentioned document and originals at the time of admission.



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UNDERTAKING

I.....Son /daughter of Shri have passed B.Sc. (Hons) Nursing Entrance Examination, 2021 held on, 2021.

My rank in the Entrance Examination was.....

I certify that all my **Originals Certificates** (i.e. 10th Passed/Age proof, 12th Passed Marks Sheet and Scheduled Caste/Scheduled Tribe (SC/ST)/Other Backward Class (OBC)/ Economically Weaker Section (EWS) are authentic. If any found false, then my candidature may be treated withdrawn/cancelled at any time during the course.

Name:

Signature of the Candidate

Address:.....
.....
.....



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DECLARATION

This is to certify that I have received a copy of the rules pertaining of all Professional B.Sc. (Hons) Nursing Examinations, Supplementary Examinations, reassessment & Teaching Schedule for B.Sc. (Hons) Nursing Students along with the Institutional Goals.

I submit to the disciplinary jurisdiction of the Director and several authorities of the AIIMS who may be vested with the authority to exercise discipline under the Acts, the Statutes, states the Rules and the rules that have been framed there under by competent authorities of AIIMS, Deoghar.

I further declare that I will abide by these rules & regulations.

Signature of the student:

Full Name of the Student:

Aadhar card No./ PAN of Student:

Permanent Address:

.....
.....

Ph. No. /Mobile No.:

Signature of Parent/ Guardian:

Full Name of Parents

Aadhar card No./ PAN of Guardian:

Date:



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DECLARATION BY THE CANDIDATE

(Not to fill by General category candidate)

I.....Son/daughter of.....

Village/Town/City.....

Distr.....State.....

hereby declare that I belong to thecommunity which is recognized as a backward class by the Government of India for purpose of Reservation in Service as per orders contained in Department of Personnel and Training office Memorandum No. 36012/22/93. Estt. (SCT) dated 8.9.1993.

It is also declared that I do not belong to persons/Section (Creamy Layer) mentioned in Column 3 of the Scheduled to the above referred Office Memorandum dated 8.9.1993.

Signature

Name of the Candidate

Address:.....
.....

Date:



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B.Sc. (Hons) Nursing– Admission

Request for hostel accommodation to be submitted at the time of admission

The Principal, College of Nursing
All India Institute of Medical Sciences, Deoghar

Sir/Madam,

I shall be grateful if you kindly allot me hostel accommodation in AIIMS, Deoghar campus. My particulars are as under:

Name of Student:

Father's Name:

Mother's Name:

Permanent Address:

.....

.....

Contact No. a) Permanent:..... b) Local Guardian:.....

Email ID: a) Self:..... b) Parents/ Guardian:.....

Emergency Contact Details:

a) Name of Person:..... b) Relationship with candidate:.....

b) Contact Number: 1..... 2.....

Undertaking:

1. I undertake to abide by the Hostel Rules mentioned in the Code of Conduct and also rules framed thereafter by the institute authorities.
2. The hotel premises are near competition but yet not handed over officially to the institute authority. We (I and my parents/ guardian) are duly explained the issues related safety and security in campus which is under construction and it is solely our (I and my parents) decision and choice to stay in hostel. Therefore, I understand that I will be taking adequate precautions while residing in the hostel.

Signature of Student:.....

Allotted Room No:

Hostel Warden

Signature of Parents/ Guardian

Hostel:.....

Faculty Hostel Warden

Photograph
of the
Candidate



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Principal, College of Nursing

I allow the following relatives to visit my ward.

Name of ward D/o

1. Visitor's Name:

Relation with ward:

Address :

.....

Phone No.*

Photograph
Authenticated by
Father/ Mother

2. Visitor's Name:

Relation with ward:

Address :

.....

Phone No.*

Photograph
Authenticated by
Father/ Mother

3. Visitor's Name:

Relation with ward:

Address :

.....

Phone No.*

Photograph
Authenticated by
Father/ Mother

Contact Details of Family



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1. Landline: Mobile (1)- Mobile (2)-

.....

**only these phone numbers will be considered authentic for communication with student's family members by the institute and vice-versa. No other phone numbers will be accepted as valid.*

Signature of Father/Mother

FORM FOR STUDENT IDENTITY CARD

1.	Name	
2.	Course	
3.	Academic Section	
4.	Roll No. and Batch	
5.	Date of Joining	
6.	Contact No.	
7.	Emergency Contact No.	
8.	Email Id	
9.	Date of Birth	
10.	Blood Group	
11.	Mark of Identification	
12.	Father's Name /Guardian's Name	
13.	Permanent Address	



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14.	Local Address	
15.	Date:	Signature of Applicant:
16.	Verification by Establishment concerned	Above content verified/not verified

For Office Use Only

17.	Id Card No.	
18.	Date of Issue	
19.	Valid up to	
20.	Student Id	
SIGNATURE OF PRINCIPAL		

*This form has to duly filled and submitted to Office of Administrative Officer along with 2 Passport Size Photograph.



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ANNEXURE-I

AFFIDAVIT BY THE STUDENT

(ON Rs. 50/- or Rs.100/- STAMP PAPER DULY NOTARISED)

IS/o D/o of Mr. /Mrs.....Resident of
.....
.....

Do Hereby solemnly affirm declare as under:

- 1- That I am a student of B.Sc. (Hons) Nursing, All India Institute of Medical Sciences (AIIMS), Deoghar.
- 2- That I Have received and gone through and understood the AIIMS's Regulation/Directive for Banning Ragging and Anti-Ragging Measures in accordance with the AIIMS vide its letter No.F.8-1/2012.Acad-II dated 24th May, 2012, on curbing the menace of Ragging, to be followed by all the student of the AIIMS.
- 3- I hereby solemnly affirm that:
 - I will not indulge or involve myself in any behaviour or act that may come under the definition of ragging.
 - I will not participate in or abet or propagate ragging in any form.
 - I will not hurt anyone physically or psychologically or cause any other harm.
- 4- I have fully understood that if found indulging or guilty of any aspect of ragging within or outside AIIMS Campus, I may be punished as per the provision of the AIIMS Regulations/Directive mentioned above and /or as per the law in force and for which I will be solely responsible and shall not claim and compensation whatsoever from the AIIMS or its office bearers.

Deponent



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Signature of the Student

Verification: Verified at..... on thisDay
of20....., that the above affidavit is true and correct.

Name:

Address & Contact No:

Deponent

Signature of the Student

ANNEXURE-II

AFFIDAVIT BY THE PARENT/ GUARDIAN

(ON Rs. 50/- or Rs.100/- STAMP PAPER DULY NOTARISED)

IS/o D/o of Mr. /Mrs.....Resident of
.....
.....

Do hereby solemnly affirm and declare as under:

1. That my son/daughter Mr./Ms. is a Student of B.Sc. (Hons) Nursing at All India Institute of Medical Sciences (AIIMS), Deoghar.
2. That I have gone through and fully understood the AIIMS Regulation /Directive for Banning Ragging and Ant-Ragging Measures in accordance with the AIIMS order vide its letter No.F.8-1/2012.Acad-II dated 24th-May 2012, on curbing the menace of Ragging, to be followed by all the students of AIIMS.
3. I assure you that my daughter/ ward will not be involved or indulge in any act of ragging that may come under the definition of ragging.
4. I have fully understood that in case my daughter /ward will be found indulging or involved in Ragging within or outside the premises of the AIIMS, she shall be appropriately punished for Which she shall be solely responsible. I or my daughter shall not hold liable the AIIMS or any of its officials for any loss (s), damage (s) and shall not claim any compensation from the AIIMS or its office bearers.

Deponent

Signature of Parent/Guardian

Verification: Verified at..... on thisDay
of20....., that the above affidavit is true and correct.

Name:

Address & Contact No:

Deponent

Signature of the Parent/Guardian



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ANNEXURE-III

AFFIDAVIT

(ON Rs. 50/- or Rs.100/- STAMP PAPER DULY NOTARISED)

I..... Age.....years, Indian inhabitant, residing
at.....
.

do hereby state and declare on solemn affirmation as under:

1. I say that I have Passed.....Exam
from.....(name of college/university) in
.....(month).....(year) and since then I did not enrol my name in any college / Institute / University
and / or elsewhere as a regular student during my gap due
to.....(state reason).
2. I say that now I wish to continue my further studies. I understand that my candidature is liable for cancellation in case the
above information is found to be incorrect.
3. I say that I am executing this affidavit to product the same before the concerned University / College authority to prove my
gap period in Education and enable them to condone the gap period and give me admission in their university so that I
continue my further studies.
4. I was not indulged in any criminal activity during this period.
5. Not any criminal case is charged or pending against me in any court of justice.
6. What is stated above is true and correct to the best of my knowledge and belief.

Deponent
Signature of the Student



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Verification: Verified at..... on thisDay
of20...., that the above affidavit is true and correct.

Name:

Address & Contact No:

Deponent

Signature of the Student

Undertaking for Document Deposition

I.....D/O..... will submit following documents for verification within 15 day/ second/third/on spot counselling date, whichever is earlier, failing to which my admission will be cancelled.

1.
2.
3.
4.
5.

Signature of Parents/Guardian

Signature of Student

Name of Parents/Guardian

Name of Student



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List of suggested books
B.Sc (Hons.) Nursing 1st Year

Anatomy and Physiology

1. Grant A, Waugh A. Ross and Wilson Anatomy and Physiology in health and Illness. 13th ed. Edinburgh: Elsevier; 2018.
2. Ratan V. Handbook of Human Physiology. 7th Ed. New Delhi: Jaypee Brothers Medical Publishers(p) Ltd; 2004
3. Derrickson BH, Tortora GJ. Principles of Anatomy and Physiology. 15th ed. New Delhi: Wiley India Pvt Ltd; 2017

Nutrition and Biochemistry

1. Shreemathy V, Dandekar S P., Nutrition and Biochemistry for Nurses, 2nd Edition, New Delhi, Elsevier, 2015
2. Lal H., Essentials of Biochemistry for B.Sc. Nursing Students, 3rd Edition, CBS publishers and distributors, 2017
3. Nix S., William's Basic Nutrition & Diet Therapy, New Delhi, Elsevier, 2016
4. Sharma S K., Textbook of Biochemistry and Biophysics for Nurses, Jaypee Brothers, 2014
5. Gupta S K., Textbook Of Medical Biochemistry, Avichal Publishing Company, 2014

Nursing Foundations

1. Sharma S K, Potter & Perry's Fundamentals of Nursing: Concepts, Process and Practice, 2nd Edition, New Delhi, Elsevier, 2017
2. Berman A., Snyder S., Kozier and Erbs Fundamental of Nursing, 10th Edition, Boston, Pearson Education, 2018
3. Taylor C, Lynn P., Fundamental of Nursing: the art and science of Person centered nursing care, 9th edition, New Delhi, Wolters Kluwer India, 2018

Psychology

01. Psychology for Nurses, Sreevani, Jaypee, 2nd edition 2020
02. Introduction to Psychology, Morgan, TMH, 7th edition 2020
03. Elements of Psychology and Mental Hygiene for Nurses, Bhatia & Craig's, Universities Press, 3rd edition, 2019

English

1. Shama L, English for Nurses, New Delhi, Elsevier, 2011
2. New Light in General English, JawaharPrakashan, 56th Edition, Delhi, 2017
3. Wren P.C, High School English Grammar and Composition, Vikas Publishing House, 2016



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Computers

1. Irene J, Introduction to computers for health care professionals, 6th Edition, United States of America, Jones and Bartlett Learning, 2014
2. Randhir P, Computer 4 nurses, New Delhi, CBS Publishers and Distributors, 2017
3. Anand N. K., Short Textbook of Computer training for Nurses, 2nd Edition (Revised), New Delhi, AITBS Publishers, 2013



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Fees and other expenses (B.Sc.(Hons.) Nursing 4 years Program[As per AIIMS,Delhi]

S. No.	Type of fee	Amount
1.	Registration fee	Rs. 25/-
2.	Tuition fee	Rs. 600/-
3.	Pot money	Rs. 960/-
4.	Hostel rent	Rs. 480/-
5.	Caution money	Rs. 100/- (to be deposited by every student for the recovery of breakages or loss of institute's equipment)
6.	Hostel security	Rs. 1000/- (refundable)

Principal



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Recommended Check List of Day to Day Needs for Hostel

1. White Apron - 2
2. Name Plate
3. Clothes, Footwear
4. Hanger
5. Bed Sheet, Blanket
6. Pillow
7. Foot/floor mats
8. Bucket, Mug, Soap case-
9. Towel
10. Soap, Shampoo, Toothpaste, Brush, Comb, Detergent-(Toiletries)
11. Table Cloth
12. Medicine/First aid kit
13. Mosquito Repellent
14. Torch
15. Alarm clock
16. Locks
17. Insect Repellent
18. Emergency Light

Principal



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MEDICAL EXAMINATION REPORT

Photo box

Front facing,
Holding name &
date of Birth
against white
Background

NAME OF THE CANDIDATE:

.....

NAME OF THE COURSE:

.....

ENTRANCE EXAMINATION ROLL NO.:

.....

RANK:

.....

..



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CATEGORY:

.....

ADDRESS (PERMANENT):

.....

.....

.....

SESSION:

**Candidate's
Signature**

Name of the Candidate:

.....

CANDIDATE'S STATEMENT AND DECLARATION

The candidate must make the Statements required below prior to his Medical Examination and must sign the Declaration appended there to his attention is specially directed to the warning contained in the note below:

1. State your Name in Full (In Block Letter):

.....



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2. Father's Name:
.....
3. State your DOB and Birth place:
.....
4. Are you? Single/Married/Widow/Widower:
.....
5. Name any major disease you have suffered from:
.....
6. Are you being treated for any disease at present.....?
7. Have any of your near relations been afflicted with insanity, tuberculosis, diabetes mellitus, allergic disorders, gout, asthma, fits, excessive bleeding:
.....
.....
8. Are you allergic to any substance /drug:
.....?
9. Have you ever had small pox intermittent or any other fever, enlargement or suppuration of glands spitting of blood, asthma, heart disease, fainting attacks? Rheumatism_____
10. Any other disease or accident requiring confinement to bed and medical or surgical treatment?
11. Have you suffered from a degree of deafness:
12. Have you suffered from any form of nervousness due to over work or any other cause?



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13. Furnish the following particulars concerning your family. (Disease trend in family and premature death if any _____)

14. Have you been immunized against the mentioned diseases (strike off whichever is not applicable)?

a) History of Vaccination: _____

b) Hepatitis B: Yes/No

c) Polio: Yes/No

d) Diphtheria: Yes/ No

e) Tetanus: Yes/ No

f) Tuberculosis: Yes/ No

g) Any Other Vaccination:

.....

All the above answers are to the best of my belief, true and correct.

Candidate's Signature

Note: The candidate will be held responsible for the accuracy of the above statement. By willfully suppressing any information it will incur the risk of losing admission.

Signed in the presence of Chairman of
the Board



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Name of the Candidate:

.....

Physical Examination (Tick wherever appropriate)

General Appearance	Good		Fair		Poor	
Height (without shoes) (in cm)						
Weight (without shoes) (in kg) Pounds						
Pulse (rate/minute)						
Blood Pressure (mmHg) Systolic /Diastolic						
Oral Hygiene	Good		Fair		Poor	
Cyanosis	Present				Absent	
Pallor	Present				Absent	
Icterus	Present				Absent	
Pedal Edema	Present				Absent	
Clubbing	Present				Absent	

General Examination:

- Chest circumference:
After full inspiration _____ cm Expiration
_____ cm
- Respiratory system _____
- Circulatory system _____
- Heart any organic lesions: _____
- ECG (Please attach) date _____
- Please mention please _____
- Nervous system _____
- Loco Motor system (Any obvious abnormality): _____
- Skin (any obvious disease) _____

Remarks (if any) _____



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Signature, Name and Stamp of Faculty General

Medicine

Name of the Candidate:

.....

Vision-

	Distant vision		Near Vision		Color vision	
	Without glasses	With glasses	Without glasses	With glasses	Normal	Abnormal
Left Eye						
Right Eye						

(a) Any disease: Yes/No

(b) Detect in colour vision: Normal /Abnormal (mention)_____

(c) Field of vision: Normal) Abnormal (mention)_____

(d) Visual Acuity _____

Remarks (if any) _____

Signature, Name and Stamp of Faculty

Ophthalmology

Ears Inspection _____

Hearing _____ Right Ear _____ Left Ear: _____



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Glands: Thyroid _____

Remarks _____

Angle- Squint axis Hearing

	Normal	Abnormal
Left Ear		
Right Ear		

Remarks (if any) _____

Signature, Name and Stamp of Faculty ENT

Name of the Candidate:

(a) Abdomen

- Tenderness _____
- Hernia _____
- Palpable Liver _____
- Spleen _____
- Kidneys _____

Any other _____

(b) Genito Urinary system

- Hydrocele _____
- Varicocele _____
- Fistula _____
- Hemorrhoids _____



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- Varicose vein _____

(c) Lymphadenopathy (palpable)

Remarks _____

Signature, Name and Stamp of Faculty of General Surgery

Name of the Candidate:

Gynecology History and Examination (for Female candidates):

- Status- Single/married/widow
- Age at menarche:
- LMP:
- History of Polycystic ovarian syndrome (PCOS):
Yes/ No
- Last visit to gynecologist and reason of visit:
Yes/ No



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- Last whole abdominal ultrasound done and indication:
Yes/ No
- Past history of tuberculosis intake of /ATT:
Yes/ No
- Past history of gynecologic surgery / intake of chemotherapy:
Yes/ No
- Any obvious gynecological abnormality
Yes/ No
- Associated dysmenorrhea:
- Examination:
 - (1) Lymphadenopathy/ Scars/ other deformities:
 - (2) Breasts and axilla for any evidence of Mass/abnormal discharge:
 - (3) Abdomen examination
- Menstrual cycle:
Length: _____ Duration of flow: _____ Regularity:

Signature, Name and Stamp of Faculty of Obstetrics and
Gynecology



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Name of the Candidate:

Investigation (Attach All Reports)-

1. Ref. No. for Urine sample (Urine analysis report):
2. Ref. No. for Blood sample:
3. Ref. No. for Chest X-ray with details:

Hematology:

- Blood. Sugar:
- Blood group and Rh factor- (if known)

Remarks (plane mention if any major abnormalities)

Signature, Name and Stamp of-

Biochemistry

Pathology/ Lab Medicine

Microbiology

Two Identification mark

1.
.....



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2.
.....

Name of the Candidate:

FINAL ASSESSMENT OF THE STANDING MEDICAL BOARD

(The Board should record their findings under one of the following three categories)

1. **Fit: Fit/ Unfit**

2. **Unfit** **on** **the** **following** **reasons**

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



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3. Temporarily Unfit on account

of.....

.....

.....

.....

Special medical board opinion (if required) _____

Signature, Name and Stamp of-

- Members of Standing Medical Board:

- Member Secretary Standing Medical Board (Deputy Medical Supt.)

- Chairman Standing Medical Board (Medical Superintendent)
