

INSTRUCTIONS TO CANDIDATES FOR FILLING UP ONLINE REGISTRATION FORM FOR ADMISSION TO B SC (NURSING) COURSE IN ARMY INSTITUTE OF NURSING, GUWAHATI / ARMY COLLEGE OF NURSING, JALANDHAR CANTT

1. Read the prospectus of concerned institute / college carefully before proceeding for 'Online Registration'.
2. **Age** : 17 – 25 Years as on 31 Dec 2021.
3. **Pre-requisites before starting the Registration for B Sc (Nursing) Course:**
We suggest you have the following information / documents ready before starting the Registration process.
 - (a) A Computer with good Internet connectivity so that there is no breakage of Internet during registration.
 - (b) A Valid "e-mail id" which you will be using at least for the next 6 months. All communication will be done on this e-mail id which you will enter while registering for B Sc (Nursing) Entrance Examination.
 - (c) All your qualification details as you need to enter them while registering for B Sc (Nursing) Entrance Examination.
 - (d) You need to upload your Scanned photo, Signature, Matric Certificate (as Date of Birth Proof), Certificate No 1/2/3 of the prospectus (as applicable), Certificate to claim weightage by dependents of War Widows / Gallantry Awardees and Detail Marks Card of 10+1 / 10+2 while registering. Hence keep ready scanned documents of yours. The specimen / format for Certificate Nos 1,2,3,4 and 5 are given in the prospectus for admission to AIN Guwahati / ACN Jalandhar Cantt and are also given below.
 - (e) **Format / Size of Documents to be loaded.** The photograph, signature, Certificates, Matric Certificate, 10+1 Detail Marks Card / 10+2 Detail Marks Card are required in .jpeg format. The size of the photograph / and signature should be 50Kb and for other documents up to 500Kb.
 - (f) A Valid mobile number, as all information via SMS will be sent to this number.
 - (g) A valid Credit / Debit card or your net-banking details in case you want to pay ONLINE Registering for B Sc (Nursing) Entrance Examination is a 3 Step process as mentioned below:

Step 1) Read Instructions and Self Registration:

First time you will enter as **NEW USER**. Here you will read the instructions carefully, accept the declaration and proceed.

Now you need to do **Self Registration**. Here you need to enter few basic details. Please ensure you enter the correct details on this

Self-Registration form and verify it before you click on “Save & Next” button on this page.

Step 2) After that you need to fill the details pertaining to eligibility, postal address and upload requisite documents. Then click “Save & Next” button on the bottom of this page.

On next screen, you will review / verify your entire particulars / documents uploaded for verification and if any amendment is required, you may press “Edit” button. Else, you may proceed further for making payment (Click on “Pay Online” button).

Step 3) Payment Process: You can do the payment in On-Line payment mode only. Mode:- ONLINE PAYMENT: You can select ONLINE PAYMENT mode and then do the payment using Credit card / Debit card / Net Banking.

Once your payment is successfully done, you will receive a confirmation E-mail and SMS.

4. In case, the payment has been made and the status is not updated within 48 hours, please approach our helpdesk number 9453819486 and e-mail (helpdeskain2021@gmail.com) along with application number for reference and date of payment made.

5. This completes the registration process. The screenshots of Step 1, Step 2 and Step 3 are given below.

**IMPORTANT DATES : ONLINE ADMISSION TEST
FOR ADMISSION INTO B SC (NURSING) DEGREE COURSE
AT ACN JALANDHAR CANTT / AIN GUWAHATI**

<u>Ser No</u>	<u>Date</u>	<u>Event</u>
1.	15 Apr 2021	Commencement of Online Registration
2.	15 May 2021	Last date of Registration (online).
3.	31 May 2021	Last date of Registration (online) including Late fees.
4.	12 June 2021 onwards	Downloading of Admit Cards
5.	27 June 2021	Online Admission Test at nominated examination centres

* Dates for conduct of mock test will be uploaded soon.

EXAMINATION CENTRES

Ser No	Proposed Exam Centre
1.	Jalandhar
2.	Bangalore
3.	Delhi
4.	Jaipur
5.	Lucknow
6.	Pune
7.	Itarsi/Nagpur
8.	Kolkata
9.	Guwahati

**SUBJECT TO REVIEW BASED ON THE NUMBER OF CANDIDATES WHO
REGISTER FOR THE EXAM CENTRE**

THE EXACT LOCATION OF THE CENTRE WILL BE GIVEN IN ADMIT CARD.

STEP 1

COMBINED ONLINE ADMISSION TEST-2021
COMMON APPLICATION FORM
Form Admission to B.Sc Nursing Course in ACN Jalandhar / AIN Guwahati

1. *NURSING COLLEGE

--SELECT--

2. *CANDIDATE'S NAME

CANDIDATE'S NAME

3. *NAME OF THE FATHER/ MOTHER AS APPLICABLE WITHOUT RANK

FATHER/ MOTHER'S NAME

4. *RANK

--Select--

5. *UNIT ADDRESS OF PARENT (PRESENTLY SERVING/ FROM WHERE RETIRED)

UNIT ADDRESS

6. *DATE OF BIRTH



Age (AGE CALCULATED AS ON 31st Dec 2020)

8.1(a). *IS YOUR PARENT AN AWARD WINNER

--SELECT--

7. *NATIONALITY

--SELECT--

8.2. * ARE YOU A WARD OF WAR WIDOW

--SELECT--

10. *EXAM CENTRE

10. (a) * 1ST CHOICE

10. (b) * 2nd CHOICE

10. (c) * 3rd CHOICE

--SELECT--

11. * IS YOUR FATHER/ MOTHER SERVING IN INDIAN ARMY OR RETIRED FROM INDIAN ARMY AND DRAWING PENSION?

--SELECT--

12. *IS YOUR FATHER/ MOTHER SERVING IN / RETIRED FROM ARMY POSTAL SERVICES (APS)?

--SELECT--

13.* WAS YOUR FATHER/ MOTHER COMMISSIONED IN ARMY MEDICAL CORPS/ ARMY DENTAL CORPS/ MNS, BUT IS SERVING IN AIR FORCE / NAVY ESTABLISHMENT?

--SELECT--

14. *IF YOUR PARENT HAS SOUGHT RELEASE FROM ARMY, INDICATE WHETHER DRAWING PENSION OR OTHERWISE.

--SELECT--

15. *Details of Field Service (MOCK PROCESS ONLY):

15.(a) *Year:

15.(b) *Months:

15.(c) *Days:

--SELECT--

--SELECT--

--SELECT--

16. *YOUR CELL NUMBER/ RESIDENCE NUMBER WITH STD CODE

CELL NUMBER/ RESIDENCE NUMBER

17. *EMAIL ID

GLSNGL@GMAIL.COM

SAVE & NEXT

EXIT

STEP 2

EDUCATION DETAILS

1. *QUALIFYING EXAM 12th STD --SELECT-- 2. *YEAR OF APPEARING/PASSING QUALIFYING EXAM

COMMUNICATION DETAILS

3. *ADDRESS 1 ADDRESS 1 4. *ADDRESS 2 ADDRESS 2

5. *STATE STATE 6. *CITY CITY

7. *PINCODE PINCODE

UPLOAD DOCUMENTS

8. *CANDIDATE PHOTO Choose File pic.jpeg

*(.jpg upto 50kb)



9. *CANDIDATE SIGN Choose File signature.jpeg

*(.jpg upto 50kb)

Signature
THE CIVILIANS & WAR WIDOWS

10. *MATRIC CERTIFICATE AS DATE OF BIRTH PROOF Choose File doc.jpeg

*(.jpg upto 500kb)



11. *CERTIFICATE NO 1/2/3
(Not Applicable for North East Civilians)

Please refer Prospectus for clarification
on Certificate No 1/2/3

Choose File INSTRUCTIONS-certificate 1.jpg

*(.jpg upto 500kb)



12. WARDS OF GALLANTRY AWARDEES/
WAR WIDOW (CERTIFICATE NO 4)

Choose File INSTRUCTIONS-war widow.jpg

*(.jpg upto 500kb)



13. *10+1 OR 10+2 DETAIL MARKS Choose File marksheet.jpeg

*(.jpg upto 500kb)



14. *EXPERIENCE CERTIFICATE Choose File Experience Certificate.pdf

*(.pdf upto 500kb)

SAVE & NEXT

EXIT

STEP 3



ARMY COLLEGE OF NURSING
(An ISO 9001:2015 Certified Institution)

PAYMENT DETAILS

ORDER NO. ACN-OL102912

ACTUAL FEE 1000

PAYMENT MODE

Credit Card

Pay Online

Paste here
applicant's
latest passport
size
photograph
(4.5 x 3.5 cm)
duly attested

CERTIFICATE – 1

**CHILDREN OF SERVING ARMY PERSONNEL HAVING 10 YEARS CONTINUOUS
SERVICE IN THE ARMY, RETIRED/ RELEASED/
DISCHARGED AFTER 10 YEARS OF SERVICE/KILLED IN ACTION/
DIED DURING SERVICE/DISABLED IN ACTION/MEDICALLY
BOARDED OUT WITH PENSION**

(By OC Unit/Army Personnel Branch/DSS & A Board/Record Office)

1. Certified that Ms _____ is Daughter of No _____ Rank _____ Name _____ Unit _____ who has 10 years or more of continuous service in the Army from _____ to _____.
2. Certified that Ms _____ is Daughter of No _____ Rank _____ Name _____ who has been released/ discharged from Army after 10 years or more continuous service from _____ to _____.
3. Certified that Ms _____ is Daughter of No _____ Rank _____ Name _____ who has been granted/awarded regular pension/liberalised family pension/family pension/disability pension at the time of his superannuation/demise/discharge/release medical board/invalided medical board.
4. Certified that Ms _____ is daughter of No _____ Name _____ ex recruit No _____ Name _____ who was medically boarded out and granted disability pension.

Place : OC Unit/Head of Department/
Records Office/DSS & A Board
Date : Name
Designation
Office Seal

Name and Signature of the Candidate

Name and Signature of Parent

Notes :

1. Strike out the portion which is not applicable.
2. If retired/released with pensionary benefits, attach Certificate from pension paying authority.
3. If retired/released on medical grounds with disability pension, attach copy of medical board proceedings.
4. If released/discharged after 10 years of service, attach copy of discharge certificate/ release order.

Paste here
applicant's
latest passport
size
photograph
(4.5 x 3.5 cm)
duly attested

CERTIFICATE – 2

**STEP CHILDREN OF ARMY PERSONNEL WHO WERE BORN FROM WEDLOCK
WHERE AT LEAST ONE PARENT BELONGED TO THE ARMY/ADOPTED
CHILDREN OF ARMY PERSONNEL WHO HAVE BEEN ADOPTED AT LEAST
5 YEARS PRIOR TO COMMENCEMENT OF COURSE**
(By Personnel Branch Army HQ/ OC Unit)

1. Certified that Ms _____ is daughter of No _____
Rank_Name _____ Unit and she was born from wedlock
where the father/mother belonged to Army and had served in the Army for 10 years or is
serving in the Army and has minimum 10 years of service.

2. Certified that Ms _____ is daughter of No _____
Rank_Name _____, who has 10 years of service in the Army and she
was adopted on _____ (5 years prior to commencement of course).

.....
Signature & No, Rank and Name of the Parent

Place : Signature of the Concerned
OC Unit/ Concerned Record Office)
Date : Name
Designation
Office Seal

Name and Signature of the Candidate

Notes:

1. Attach copy of legal papers and Part II Order of adoption of child.
2. Attach Certificate/ Part II Order of birth and copy of kindred roll.

CERTIFICATE – 3

**CHILDREN OF ARMY MEDICAL CORPS /AD CORPS OFFICERS
SERVING IN AIR FORCE /NAVY MEDICAL ESTABLISHMENT/MNS/
APS AND TA PERSONNEL**

(By Parent, Countersignature by OC Unit)

Paste here
applicant's
latest passport
size
photograph
(4.5 x 3.5 cm)
duly attested

1. I, No _____ Rank _____ Name _____
Father / Mother of _____ certify that:-

(a) I am/was commissioned in Army Medical/Army Dental Corps and have/have not been seconded to Navy or Air Force and have 10 years of service in the Army.

(b) I am/was commissioned in Army Medical /Army Dental Corps and have been transferred to Navy or Air Force but I have served in the Army for minimum ten years.

(c) I am an APS personnel on deputation who has put in more than 10 years of service in the Army from _____ to _____.

OR

(d) I am an APS personnel directly recruited into APS and who is still serving in Army wef _____

(e) I am a TA personnel who is in receipt of pension/who and has put in more than 10 years of embodied service in TA from _____ to _____.

(f) I am MNS personnel and who is in receipt of pension/who has put in more than 10 years of service as member of MNSD.

Place :
Date :

Signature
Name, Designation and Unit

**CERTIFICATE
(BY OC UNIT)**

The facts in the above mentioned undertaking have been verified from official records and found correct.

Date :
Office Seal

OC Unit (for serving personnel)
DSS & A Bd (for retired personnel)
Name, Designation and Unit

COUNTERSIGNED

Date :
Office Seal

Concerned Staff Officer of Fmn HQ
(for serving personnel)
DSS&A Board (for retired personnel)
Name and Designation

Name and Signature of the Candidate

1. Strike out the portion /Para not applicable.
2. Attach relevant documents of service records.

CERTIFICATE – 4

**CLAIMING WEIGHTAGE TO GALLANTRY AWARD WINNERS/
WARDS OF WAR WIDOWS**

Paste
here
applica
nt's
latest
passport
size
photograph

(BY AG'S BRANCH, ARMY HQ / RECORDS OFFICE / DSS & A BOARD)

It is certified that Ms _____ is daughter of
No _____ Rank _____
Name _____ serving / retired from Army _____
(Unit), has been awarded _____ for Gallantry in the Year
_____ during _____ Operation.

Or

It is certified that Ms _____ is daughter of
No _____ Rank _____
Name _____ of _____ Battalion who
was killed in action due to _____ on _____ in
operation _____ and was a 'Battle Casualty'.

OC /Head of Department
Records Office / DSS & A Board

Name

Designation

Office Seal

Note : Strike out which ever is not applicable.

Please attach a certified copy of the part II Order / Gazette notification
conferring the award / copy of the award certificate for claiming the weightage.

CERTIFICATE – 5
MEDICAL FITNESS
(By OC MH/ AUTH MEDICAL OFFICER)

Paste here
applicant's
latest passport
size
photograph
(4.5 x 3.5 cm)
duly attested

It is certified that I have carefully examined Ms _____
age _____ daughter/wife of _____ and
further certify that she has good physical and mental health and free from any disability
likely to interfere in her undergoing B.Sc. Nursing Course. She has no abnormality in
the heart and lungs and history of mental disease or epileptic fits. Her major test
results are as under :-

- (a) Height : _____ cms
- (b) Weight: _____ kgs
- (c) Chest _____ cms Expanded _____
- (d) Vision :- Better Eye Worst Eye
 - (i) Distance Vision
 (corrected)
 - (ii) Near Vision
 (Corrected)
- (e) Hearing: Left Ear Right Ear
- (f) Blood Group :

Place :

Date :

Signature of OC MH/
Auth Med Officer
Head of Department

Name
Designation
Office Seal

NOTICE:-

Please attach disabilities certificate issued by any Army Authorized person only in case of Battle / Physical casualties.