

**GUJARATUNIVERSITY**  
**AHMEDABAD-380009**

Candidate Passed from	
Gujarat Uni.	
All India	
Applying for	
PH Quota	

For Office Use Only	
Appl. Reg. No	
Status & Category	
Combined Merit No	
SC/ST/SEBC/Open Merit No	
PH Merit No.	



**FACULTY OF MEDICINE**

**RULES AND APPLICATION FORM FOR ADMISSION**

TO

**POST – GRADUATE NURSING DEGREE COURSES**

NURSE PRACTITIONER IN CRITICAL CARE -2017  
POST GRADUATE RESIDENCY PROGRAMME

AT THE NURSING COLLEGE/INSTITUTION AFFILIATED WITH GUJARATUNIVERSITY

FOR GUJARAT UNIVERSITY QUOTA/ ALL INDIA QUOTA

(For Academic Year 2017)

**(Price: Rs.500-00)**

Application No:

**GUJARAT UNIVERSITY**

Ahmedabad – 380 009.

**POST-GRADUATE NURSING DEGREE  
COURSES 2017**

**NURSE PRACTITIONER IN CRITICAL CARE  
POST GRADUATE RESIDENCY PROGRAMME**

Recent Passport  
Size Photograph  
Attested by  
Gazetted Officer/  
Principal of College  
with Stamp

**FOR OFFICE USE ONLY  
NOT TO BE FILLED IN BY THE APPLICANT**

1) Applicant Reg.No. \_\_\_\_\_

2) Name of Candidate : \_\_\_\_\_

	Details	Yes/No
1	Is Application complete regarding information & documents?	
2	Is Candidate is eligible for Open Category?	
	Is Candidate is eligible for SC Category?	
	Is Candidate is eligible for ST Category?	
	Is Candidate is eligible for SEBC Category?	
	Is Candidate is eligible for PH Quota?	

Remarks By Authority:

Name of Scrutiny Officer:

Date :

Signature

Application No:

**OFFICE OF THE CHAIRMAN**

P.G Nursing Admission Committee Year 2017  
Gujarat University

Date: - - 2017

Recent Passport  
Size Photograph  
Attested  
By Gazetted Officer/  
Principal of College  
with Clear Stamp

**APPLICATION RECEIPT  
(For supervisor)**

**Sr.No.**

Received the application form from Mr/Mrs/Miss.....

Reg. No..... **Category:** OPEN / S.C. / S.T. / S.E.B.C.

**Handicapped:**

 Yes No

Name of the Bank: .....

DD No: .....

Dated:.....

(Signature).....

For, Chairman  
P.G.Nursing Admission Committee

Note :- Candidate's claim for SC/ST/SEBC category & Physically Handicapped will be scrutinized by admission committee

Application No:

**OFFICE OF THE CHAIRMAN**

P.G Nursing Admission Committee Year 2017  
GujaratUniversity

Date: - - 2017

Recent Passport  
Size Photograph  
Attested  
By Gazetted Officer/  
Principal of College  
with Clear Stamp

**APPLICATION RECEIPT**  
(For candidate)

(To be produced at the time of Entrance Examination and Counselling)

Sr.No.\_\_\_\_

Received the application form from Mr /Mrs/Miss.....

For admission to P.G.Nursing Course

Reg. No..... **Category:** OPEN / S.C. / S.T. / S.E.B.C.

**Handicapped:**

Yes

No

Name of the Bank: .....

DD No: .....

Dated:.....

(Signature).....

For, Chairman  
P.G. Nursing Admission Committee

Note :- Candidate's claim for SC/ST/SEBC category & Physically Handicapped will be scrutinized by admission committee

Application No: \_\_\_\_\_

**GUJARATUNIVERSITY  
Ahmedabad – 380 009.**

**Application form [A] for admissions to  
POST-GRADUATE NURSING DEGREE COURSES 2017  
NURSE PRACTITIONER IN CRITICAL CARE  
POST GRADUATE RESIDENCY PROGRAMME  
TO BE FILLED IN BY THE APPLICANT**

Recent Passport  
Size Photograph  
Attested  
By Gazetted Officer/  
Principal of College  
with Clear Stamp

<b>Full Name :</b> _____ (All in Capital)      First Name      Father Name      Surname
<b>BirthDetail :</b> ____/____/____      _____      _____      _____ Date      Place of Birth      City      State
<b>Sex :</b> <input type="checkbox"/> Male-1 ; Female-2
<b>Citizenship :</b> <input type="checkbox"/> Indian-1 ; Other-2 <b>Birth Place :</b> <input type="checkbox"/> India-1 ; Other Country-2
<b>Category :</b> <input type="checkbox"/> OPEN - 1 ; SC - 2 ; ST - 3 ; SEBC - 4
<b>Physically Handicapped:</b> <input type="checkbox"/> Yes-1 ; No-2 <b>Marital Status :</b> <input type="checkbox"/> Married - 1 ; Unmarried – 2

Correspondence Address	Permanent Address
_____ _____ _____ <b>City :</b> _____ <b>Pin:</b> _____ <b>State:</b> _____ <b>Phone No.</b> _____ (With STD Code) <b>Mobile No.</b> _____ <b>Email :</b> _____	_____ _____ _____ <b>City :</b> _____ <b>Pin:</b> _____ <b>State:</b> _____ <b>Phone No.</b> _____ (With STD Code) <b>Mobile No.</b> _____ <b>Email :</b> _____

<b>Name of University</b>	_____
<b>Name of College</b>	_____

Details of Experience After Basic B.Sc Nursing or experience prior or After Post Basic B.Sc Nursing	Name & address of Institute	From	To	Total Years

**Form [A] Continue....**

**Details of Marks (Passing marks of the External Examination only) obtained Subject wise at various examinations: Any wrong entry may result to cancellation of application.**

Examination	Subject	Theory Marks	Practical Marks	Obtained Total Marks	Out of Total Marks	No. of attempts
4 <sup>th</sup> B.Sc Nursing						
	<b>Total ....</b>					
3 <sup>rd</sup> B.Sc Nursing						
	<b>Total ....</b>					
2 <sup>nd</sup> B.Sc Nursing OR 2 <sup>nd</sup> Post Basic Nursing						
	<b>Total ....</b>					
1 <sup>st</sup> B.Sc Nursing OR 1 <sup>st</sup> Post Basic Nursing						
	<b>Total ....</b>					

**N.B.:** Enter passing marks of External Examination only. Do not enter Grace Marks. Any wrong entry may result to cancellation of application.

If any of the statements made in the application form or any information / marks/document supplied by the candidate in connection with his / her application for admission is later on found to be false or incorrect or misleading or if it is found that the candidate has concealed any information / fact in connection with his / her application, his / her admission and registration shall be cancelled without any notice thereof, fees forfeited, have to pay the whole course fees, have to pay penalty of university, and he / she may be expelled and prosecuted, and he / she will not be eligible to apply in future.

**Name of Candidate:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Candidate**

## Form [A] Continue....

If admitted for P.G Course anywhere Previously till the date of Application:  Yes: 1 ; No: 2

If Yes then :  Course Completed : 1 ; Not completed : 2

Name of Course \_\_\_\_\_ Year of Admission \_\_\_\_\_

Name of University \_\_\_\_\_ Name of College \_\_\_\_\_

**Details of present Employment : Employed 'or' Not Employed**

If employed then,

- (a) \_\_\_\_\_  
 (b) Designation : \_\_\_\_\_  
 (c) Place of Working : \_\_\_\_\_  
 (d) Date of Joining : \_\_\_\_\_  
 (e) No Objection Certificate issued by: \_\_\_\_\_

**Undertaking by the Applicant**

I, \_\_\_\_\_, hereby declared that the information given in this application including accompaniments is true. If anything is found to be incorrect or false or misleading at any time, I understand that my admission shall be cancelled and I may be prosecuted, also I shall be ineligible to apply in future. I shall abide by the results.

I have read and understood all the rules and regulations of post-graduate Nursing admission 2017 of Gujarat University and I shall abide by all the rules and regulations. I accepted all the terms and conditions pertaining to Admission to Post Graduate Nursing courses and I does not have any objections with rules and regulations.

I am not engaged in any post graduate course in any institute at the time of submission of Application form & at present. After my admission, If I do not join the course or resign from course/left the course after Reshuffling Counseling, in such conditions, or in case of implementation of rules 1.3, 1.5, 1.7, 6.5, 7.8, 7.10, 7.12, of post-graduate admission 2017, my admission and registration shall be cancelled without any notice thereof. In such situation, I also understand that,

1. My admission and registration will be cancelled without any notice thereof.
2. I will not be eligible for future admission in this University.
3. I have to pay the whole course fees of all the year/academic terms of College and University.
4. My all deposit amount, Admission fees, tuition fees and university fees are forfeited and I will have no claim on it.
5. I have to pay Rs. 1 lacs as a penalty to the Gujarat University.

If I do not comply with above conditions, then all the original documents will not be return to me and legal action will be initiated against me.

I have verified my eligibility to apply against the category to which i am entitled. if I found to be ineligible for the category in which i had applied then i cannot claim any right in future for admission or my admission can be cancelled.

I have also verified my eligibility for appearance at the Entrance examination/Post Graduate Nursing Admission. If through mistakes/error the forms are accepted and through mistake/error I appeared in Entrance examination /admitted in Post Graduate Nursing course & if I found to be ineligible, in such case I cannot claim any right or interest arising out of acceptance of form or appearance at the Entrance examination/admission in Post Graduate Nursing course.

Name of Candidate: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Candidate \_\_\_\_\_

**Accompaniments (List of documents) attested by gazetted officer**

1	Mark Sheet of IV B.Sc Nursing of all attempts	
2	Mark Sheet of III B.Sc Nursing of all attempts	
3	Mark Sheet of II B.Sc Nursing of all attempts	
4	Mark Sheet of I B.Sc Nursing of all attempts	
5	All attempts Certificates of B.Sc Nursing	
6	Document from the respective university mentioning separate External passing marks for 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , & 4 <sup>th</sup> B.Sc Nursing subjects with total external marks (If not mentioned in marksheet)	
7	Marksheet of 1 <sup>st</sup> Post Basic B.Sc Nursing ( of all the attempts)	
8	Marksheet of 2 <sup>nd</sup> Post Basic B.Sc Nursing ( of all the attempts)	
9	All attempt certificates of Post Basic B.Sc Nursing	
10	Document from the respective university mentioning separate External passing marks for 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , & 4 <sup>th</sup> Post Basic B.Sc Nursing subjects with total external marks (If not mentioned in marksheet).	
11	For In Service Candidates, study leave / resignation or NOC (As per Rule 7.8)	
12	Experience certificate	
13	Caste Certificate ( Please attach 2 Xerox copies) for SC/ST/SEBC	
14	Non Creamy layer Certificate of financial year pertaining to the period of application. (Please attach 2 Xerox copies) from the competent authority as prescribed by the Govt. of Gujarat for SEBC.	
15	School leaving Certificate ( Please attach 2 Xerox copies)	
16	Certificate of completion of P.G. Course.	
17	Certificate regarding Medical Fitness.	
18	Two Self –addressed envelope with postage stamp	
19	Certificate of College Recognition by INC ( For Students other than Gujarat State)	

Name of Candidate: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Candidate \_\_\_\_\_

(For Office Use Only)

The information provided in the application is Complete as per the attach documents herewith.

Remarks

Signature Of Office Clerk



Application No:

Recent Passport  
Size Photograph  
Attested  
By Gazetted Officer/  
Principal of College  
with Clear Stamp

**GUJARATUNIVERSITY**  
**Ahmedabad – 380 009.**

**Application form [B] for admissions to**  
**POST-GRADUATE NURSING DEGREE COURSES 2017**

**NURSE PRACTITIONER IN CRITICAL CARE**  
**POST GRADUATE RESIDENCY PROGRAMME**

**TO BE FILLED IN BY THE APPLICANT**  
**FOR COMPUTER SECTION**

<b>Full Name :</b>	_____	_____	_____
(All in Capital)	First Name	Father Name	Surname
<b>Birth Detail :</b>	__/__/	_____	_____
	Date	Place	City
			State
<b>Sex :</b>	<input type="checkbox"/>	Male-1 ; Female-2	
<b>Citizenship :</b>	<input type="checkbox"/>	Indian-1 ; Other-2	
<b>Category :</b>	<input type="checkbox"/>	OPEN - 1 ; SC - 2 ; ST - 3 ; SEBC - 4	
<b>Physically Handicapped:</b>	<input type="checkbox"/>	Yes-1 ; No-2	

Correspondence Address	Permanent Address
_____	_____
_____	_____
_____	_____
<b>City :</b> _____ <b>Pin:</b> _____	<b>City :</b> _____ <b>Pin:</b> _____
<b>State:</b> _____	<b>State:</b> _____
<b>Phone No.</b> _____ (With STD Code)	<b>Phone No.</b> _____ (With STD Code)
<b>Mobile No.</b> _____	<b>Mobile No.</b> _____
<b>Email :</b> _____	<b>Email :</b> _____

<b>Name of University</b>	_____
<b>Name of College</b>	_____

Details of Experience After Basic B.Sc Nursing or experience prior or After Post Basic B.Sc Nursing	Name & address of Institute	From	To	Total Years
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Form [B] Continue....

Details of Marks (Passing marks of the External Examination only) obtained Subject wise at various examinations: Any wrong entry may result to cancellation of application.

Examination	Subject	Theory Marks	Practical Marks	Obtained Total Marks	Out of Total Marks	No. of attempt
4 <sup>th</sup> B.Sc Nursing						
	<b>Total ....</b>					
3 <sup>rd</sup> B.Sc Nursing						
	<b>Total ....</b>					
2 <sup>nd</sup> B.Sc Nursing OR 2 <sup>nd</sup> Post Basic Nursing						
	<b>Total ....</b>					
1 <sup>st</sup> B.Sc Nursing OR 1 <sup>st</sup> Post Basic Nursing						
	<b>Total ....</b>					

N.B.: Enter passing marks of External Examination only. Do not enter Grace Marks. Any wrong entry may result to cancellation of application.

If any of the statements made in the application form or any information / marks/document supplied by the candidate in connection with his / her application for admission is later on found to be false or incorrect or misleading or if it is found that the candidate has concealed any information / fact in connection with his / her application, his / her admission and registration shall be cancelled without any notice thereof, fees forfeited, have to pay the whole course fees, have to pay penalty of university, and he / she may be expelled and prosecuted, and he / she will not be eligible to apply in future.

**Name of Candidate:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Candidate**

Application No:

**GUJARATUNIVERSITY  
Ahmedabad – 380 009.**

Recent Passport  
Size Photograph  
Attested  
By Gazetted Officer/  
Principal of College  
with Clear Stamp

**Application form [C] for admissions to  
POST-GRADUATE NURSING DEGREE COURSES 2017  
NURSE PRACTITIONER IN CRITICAL CARE  
POST GRADUATE RESIDENCY PROGRAMME  
TO BE FILLED IN BY THE APPLICANT**

**For Reserved Category Candidate:**

<b>Full Name :</b> (All in Capital)	_____	_____	_____	_____
	First Name	Father Name	Surname	
<b>Birth Detail :</b>	__/__/__	_____	_____	_____
	Date	Place	City	State
<b>Sex :</b>	<input type="checkbox"/>	Male-1 ; Female-2		
<b>Citizenship :</b>	<input type="checkbox"/>	Indian-1 ; Other-2		
<b>Category :</b>	<input type="checkbox"/>	SC - 2 ; ST - 3; SEBC - 4		
<b>Physically Handicapped:</b>	<input type="checkbox"/>	Yes-1 ; No-2		

Correspondence Address	Permanent Address
_____	_____
_____	_____
_____	_____
<b>City :</b> _____ <b>Pin:</b> _____	<b>City :</b> _____ <b>Pin:</b> _____
<b>State:</b> _____	<b>State:</b> _____
<b>Phone No.</b> _____ (With STD Code)	<b>Phone No.</b> _____ (With STD Code)
<b>Mobile No.</b> _____	<b>Mobile No.</b> _____
<b>Email :</b> _____	<b>Email :</b> _____

<b>Name of University</b>	_____
<b>Name of College</b>	_____

\_\_\_\_\_  
**Signature of Candidate**

Date: -

Remarks of Authority checking certificates:

Date: -

Name of Authority & Seal

Signatur

Application No:

**GUJARATUNIVERSITY**  
**Ahmedabad – 380 009.**

**Application form [D] for admissions to**  
**POST-GRADUATE NURSING DEGREE COURSES 2017**

**NURSE PRACTITIONER IN CRITICALCARE**  
**POST GRADUATE RESIDENCY PROGRAMME**

**TO BE FILLED IN BY THE APPLICANT**

Recent Passport  
Size Photograph  
Attested  
By Gazetted Officer/  
Principal of College  
with Clear Stamp

**For Physically Handicapped candidate**

<b>Full Name :</b> (All in Capital)	_____	_____	_____
	First Name	Father Name	Surname
<b>Birth Detail :</b>	__/__/	_____	_____
	Date	Place	City
			State
<b>Sex :</b>	<input type="checkbox"/>	Male-1 ; Female-2	
<b>Citizenship :</b>	<input type="checkbox"/>	Indian-1 ; Other-2	
<b>Category :</b>	<input type="checkbox"/>	OPEN - 1 ; SC - 2 ; ST - 3; SEBC – 4	
<b>Physically Handicapped:</b>	<input type="checkbox"/>	Yes-1 ; No-2	

<b>Correspondence Address</b>	<b>Permanent Address</b>
_____	_____
_____	_____
_____	_____
<b>City :</b> _____	<b>City :</b> _____
<b>Pin:</b> _____	<b>Pin:</b> _____
<b>State:</b> _____	<b>State:</b> _____
<b>Phone No.</b> _____	<b>Phone No.</b> _____
(With STD Code)	(With STD Code)
<b>Mobile No.</b> _____	<b>Mobile No.</b> _____
<b>Email :</b> _____	<b>Email :</b> _____

<b>Name of University</b>	_____
<b>Name of College</b>	_____

\_\_\_\_\_  
**Signature of Candidate**

**Remarks of Authority checking certificates**

Date: -

**Name of Authority & Seal**

**Signature**

**Note: The candidate applying for Physically Handicap category should remain present before Medical board for assessment of their disability. The date, time & place will be informed to the candidate [see also the rules.**

## CERTIFICATE OF MEDICAL FITNESS

To,  
The Registrar,  
Gujarat University  
Ahmedabad

Recent Passport  
Size Photograph  
Attested  
By Registered  
Medical  
Practitioner

This is to certify that I have conducted clinical examination of  
Mr/Mrs/Miss. \_\_\_\_\_ Who is desirous of admission to Post  
graduate Nursing course of Gujarat University.

He/She was clinically examined by me thoroughly.

Identification mark. \_\_\_\_\_

As per my Clinical findings he/she is medically fit.

Comment of Registered Medical Practitioner: \_\_\_\_\_

Signature of Registered Medical Practitioner

Signature of Candidate

Name:

Registration No:

Date:

**FORM OF CERTIFICATE FOR ORTHOPEDICALLY HANDICAPPED  
(LOCOMOTOR DISABLED)**

(To be filled by the Medical Board only)

Recent Passport  
Size Photograph  
Attested  
By Gazetted  
Officer/  
Principal of  
College with Clear  
Stamp

[ORTHOPEDICALLY HANDICAPPED (LOCOMOTOR DISABLED) ARE THOSE WHO HAVE PHYSICAL DEFECT OR DEFORMAITY WHICH CAUSE AN INTERFERENCE WITH THE NORMAL FUNCTIONING OF BONES MUSCLES AND JOINTS.]

1. Full Name of Candidate :

2. Case No. :

3. a) Nature of disability  
(To be mentioned in the square on the right side)

b) Any Disability of Upper Limbs ? Yes/No

c) Extent of disability  
(Upper limbs must be normal)

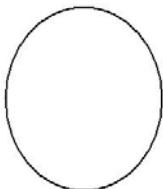
1. Below 40 %
2. Between 40% to below 50%
3. Between 50% to 70%
4. Above 70%

4. Despite the disability whether the candidate is fit To undergo Post Graduate Medical/Dental/Physiotherapy/ Nursing/Optomety education and will be able to discharge His/her duties as Physician/Dental Surgeon/Physiotherapist/ Nurse/Optometrlist thereafter. Yes/No

I certify that Shri/Kum. \_\_\_\_\_ has been examined by the members of the Board on \_\_\_/\_\_\_/2017 and has been found orthopedically handicapped [loco motor disabled] and in opinion of members of Board, he/she is in a position to undertake Post Graduate Medical/Dental/Physiotherapy/Nursing/Optomety education and will be able to discharge his/her duties as Physician/Dental Surgeon/Physiothrapist/Nurse/Optometrlist thereafter.

He/she is having loco motor disability \_\_\_\_\_% ( \_\_\_\_\_ )  
(to be written in words) and he / she is having both the upper limbs normally functioning.

Out ward No.:  
Date :



Round Seal

Signature of Chairman  
Board for deciding the eligibility and suitability  
For admission against reserved seats of loco-  
motor disabled candidates.

**Undertaking**

I, hereby declared that the information given in this application including accompaniments is true. If anything is found to be incorrect or false or misleading at any time, I understand that my admission shall be cancelled and I may be prosecuted, also I shall be ineligible to apply in future. I shall abide by the results.

I have read and understood all the rules and regulations of post-graduate Nursing admission 2017 of Gujarat University and I shall abide by all the rules and regulations. I accepted all the terms and conditions pertaining to Admission to Post Graduate Nursing courses and I does not have any objections with rules and regulations.

I am not engaged in any post graduate course in any institute at the time of submission of Application form & at present. After my admission, If I do not join the course or resign from course/left the course after Reshuffling Counseling, in such conditions, or in case of implementation of rules 1.3, 1.5, 1.7, 6.5, 7.8, 7.10, 7.12, of post-graduate admission 2017, my admission and registration shall be cancelled without any notice thereof. In such situation, I also understand that,

6. My admission and registration will be cancelled without any notice thereof.
7. I will not be eligible for future admission in this University.
8. I have to pay the whole course fees of all the year/academic terms of College and University.
9. My all deposit amount, Admission fees, tuition fees and university fees are forfeited and I will have no claim on it.
10. I have to pay Rs. 1 lacs as a penalty to the Gujarat University.

If I do not comply with above conditions, then all the original documents will not be return to me and legal action will be initiated against me.

I have verified my eligibility to apply against the category to which i am entitled. if I found to be ineligible for the category in which i had applied then i cannot claim any right in future for admission or my admission can be cancelled.

I have also verified my eligibility for appearance at the Entrance examination/Post Graduate Nursing Admission. If through mistakes/error the forms are accepted and through mistake/error I appeared in Entrance examination /admitted in Post Graduate Nursing course & if I found to be ineligible, in such case I cannot claim any right or interest arising out of acceptance of form or appearance at the Entrance examination/admission in Post Graduate Nursing course.

**Name :**

Merit No:

Institute Name:

Allotted Branch:

Signature:

Date:

## AUTHORITY LETTER

I, \_\_\_\_\_ Son/Daughter/Wife of Mr. \_\_\_\_\_ bearing Combined Merit No. \_\_\_\_\_ for admission to PG Nursing courses 2017 do hereby authorize Mr./Mrs./Miss \_\_\_\_\_ to represent me on \_\_\_\_\_ (date) before the Committee for selection of a seat for P.G NURSING course. The signature and the photograph of above named Mr./Mrs./Miss \_\_\_\_\_ is attested below.

Photograph of  
Candidate  
Attested by  
Gazetted officer

Photograph of  
Authorized person  
Attested by  
Gazetted officer

Signature of Candidate

Name \_\_\_\_\_

SML No. \_\_\_\_\_

Signature of Authorized Proxy \_\_\_\_\_

Signature of the Candidate \_\_\_\_\_

### UNDERTAKING

I, \_\_\_\_\_ Son / Daughter/ Wife of Shri. \_\_\_\_\_ aged \_\_\_\_\_ years, bearing Merit No. \_\_\_\_\_

For admission to PG Nursing courses 2017, do hereby solemnly affirm and undertake that the decision of my authorized proxy, Mr./Mrs./Miss \_\_\_\_\_ regarding selection of seat in interview on \_\_\_\_\_ (date) shall be binding on me and I shall not have any claim whatsoever, other than the decision taken by my authorized representative on my behalf on \_\_\_\_\_ (date).

Signature of candidate \_\_\_\_\_

Merit No. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_