

APPENDIX – I

**Swami Vivekanand National Institute of Rehabilitation Training &
Research (SVNIRTAR),**

Olatpur, Bairoi, Cuttack, ODISHA-754010

Department of Empowerment of Persons with Disabilities (DIVYANGJAN),

Ministry of Social Justice & Empowerment,

Government of India.

**{APPLICATION FOR SELECTION INTO ONE YEAR POST BASIC DIPLOMA
IN ORTHOPAEDIC NURSING (PBDON) COURSE-2020-21}**

(For office use only)

(i) Course: Post-Basic Diploma in Orthopaedic Nursing

(ii) Academic Session: 2020-21

(iii) Application No:-

(iv) Code No:-

SPACE FOR
PHOTOGRAPH

(To be filled by the Candidate)

01. Name (IN BLOCK LETTERS) –

02. Gender (Male/Female/Others) –

03. Designation –

04. In-Service/ Direct –

05. Date of birth as recorded in HSC or Equivalent pass certificate –

06. Name of the

a. Father –

b. Mother –

c. Spouse (In-case of married) –

07. Name of the Guardian –

08. Relationship with the Guardian –

09. Present Office Address: – At PO.....

Dist.State.....

PIN.....Mobile No.....

10. Permanent Address: – At _____ PO _____

Dist _____ State _____

PIN _____ Mobile No. _____

11. Present address of correspondence: – At _____ Po _____

Dist _____ State _____ PIN _____

Mobile No _____

12. Email ID – _____

13. Religion – _____

14. Nationality – _____

15. Marital status – _____

16. Category (Gen/OBC/SC/ST)- _____

17. Registration number as RN/RM: - No _____ /Date ____/____/____

18. Payments details: D.D No _____ Date ____ / ____ / ____

19. Experience Details

Attach certificates from the competent authority on chronological order

Sl. No.	Post Held	Period		Place of Posting	Total Period
		From	To		
I					
II					
III					
IV					
V					

20. Particulars of academic qualification

Sl. No	Examination passed	Name of the Board/University	Full marks	Marks secured	Percentage of marks
	HSC (Excluding fourth optional)				
	Intermediate / +2 Arts /Sc./Com (Excluding fourth optional)				
	Any higher qualification				

21. Particulars of professional qualification:

Examinations passed	Name of the Institution	Marks secured out of the total marks	Percentage of marks obtained
	GNM		
	B.Sc / P. B. B.Sc Nursing		
	Any higher Professional qualification		

I declare that the above statement of particulars furnished by me are true in all respect and as such, I undertake that if subsequently, I will be found to have given wrong information with regard to the marks, certificates and documents produced by me in connection with my admission, then my name will be immediately removed from the Institution in addition to whatever legal action that be taken against me, I agree to abide by the rules of the Institution and pay all fees and deposit all other dues as laid down in the Institution. I certify that I have not been prosecuted or convicted for any criminal offence involving moral attitude.

Signature of the applicant in full.

Date _____/_____/_____

APPENDIX – II

(To be submitted by the selected candidates at the time of admission)

I Sri/Miss/Smt. _____ Name of the
local guardian (Address of the local guardian) _____

Undertake to act as the local guardian of Miss/Smt./Sri _____

_____ daughter/wife/son/ward of

Sri/Smt _____.

during her / his period of study in the SVNIRTAR, Cuttack.

I also undertake to act on behalf of the parents / husband of the said Candidate during the period of study in the SVNIRTAR, Cuttack, for which I have been empowered by the parent / Guardian / husband of the said candidate.

I further undertake to take custody of the above candidate if and when required by the Institution authorities and to ensure that she / he maintain the academic discipline and good conduct during the period of study.

Place _____

Signature in full of the Local Guardian

Date _____

.

ATTESTATION BY PARENT/HUSBAND/GUARDIAN

The above undertaking has been signed in my presence, I empower Sri/Smt./Miss

_____ to act as Local

Guardian of my daughter / wife / son/ ward / Miss / Smt. / Sri_____

Place_____

Signature in full of the Local Guardian

Date_____

APPENDIX- III

CERTIFICATE OF PHYSICAL FITNESS IN RESPECT OF SELECTED CANDIDATES

FOR ADMISSION INTO THE POST BASIC DIPLOMA IN ORTHOPAEDIC NURSING COURSE – 2020-21.

Name of the Candidate in full _____ Weight _____
Age _____ Height _____ Sex _____
Heart _____ Eye _____ Teeth _____ Liver _____
Lungs _____ Spleen _____ Blood Pressure _____
Blood Group _____ Please indicate if Pregnant _____
(In-case of Female Candidates) Date of L.M.P. _____
(In-case of Female Candidates)

Previous Medical History, if any _____

Personal Marks of Identification

1. _____

2. _____

I certify that I have examined the above named candidate and cannot discover that she /he has any diseases, constitutional weakness or bodily infirmity and I consider that the candidate is physically / mentally fit to undergo Post Basic Diploma Orthopaedic Nursing Course at SVNIRTAR, Cuttack

SIGNATURE OF THE CANDIDATE

Signature & Seal of Medical Officer

Designation –

Date -

NOTE:-This certificate to be detached for submission only by the selected candidates on the date of counseling.

[Not to be submitted along with application form.]