

DIRECTORATE OF NURSING, ODISHA, BHUBANESWAR

INTIMATION LETTER

To,

Sub: Intimation to attend the Counselling for admission into **M.Sc. Nursing Course 2019-20**.

Madam / Sir,

You are hereby intimated to attend the counselling for admission to M.Sc Nursing course 2019-20 on **10-12-2019**. Candidates should report at the venue in the time as per schedule mentioned in the backside of the intimation letter.

Venue : KIMS Auditorium, Campus-05, Gate no.-51, Kalinga Institute of Medical Sciences, KIIT Deemed to be University, Patia, BBSR-24.

Roll No.	Common Rank No.	Rank No. in SC	Rank No. in ST	Rank No. in GCH	Rank No. in EX-SER	Rank No. in PH

You are requested to bring **all original documents** for verification on the date of Counselling and admission for the session 2019-20. **If candidate fails to produce the required document in original at the time of verification on the date of counselling, his/her selection shall not be taken into consideration.**

1. HSC pass certificate & mark sheet / Equivalent thereof.
2. +2 examinations pass certificate & mark sheet issued by CHSE /equivalent thereof.
3. B.Sc Nursing & Post Basic B.sc nursing provisional pass certificate& mark sheet.
4. Up-to-date registration certificate of Nursing & Midwifery from ONMRC or other State Nursing Council
5. Minimum One (1) year work experience as staff Nurse from any Govt. Hospital, Govt. Undertaking hospital/public sector undertaking hospital & Referral Hospitals (Govt.&Private)/E.S.I Hospital Approved by the state Govt. /Govt. Of India for treatment of their employees and teaching experience from INC recognised institution.
6. NOC in the prescribed format available in the prospectus, the same may be furnished from the appointing authority from Govt. /Pvt. Sector where the candidate the presently serving/served.
7. Caste certificate (in case of ST/SC candidate) .
8. Resident /Nativity certificate shall be five years from the date of issue said certificate to last date of receipt application form. (i.e 30th September 2019).
9. CLC/TC and Certificate of good conduct from educational institution last attended. . In case of non availability of these aforesaid documents i.e CLC/TC /Migration certificate the candidate shall submit an undertaking that he/she will submit the original CLC/TC/Migration certificate at the concerned institution during the time of reporting.
10. Self attested 2 (two) passport size photograph (On front side).
11. Minimum ME Standard Odia pass certificate.
12. Green card issued by CDMO. In case of any difference of the name & Date of birth of the candidates and name of parents according to HSC Certificate, Then court affidavit to be produced duly sworn in before the executive magistrate.
13. Children of Ex- Servicemen or widows of Ex- Servicemen certificate issued by Rajya Sainika Board.
14. Marriage declaration in the prescribed form applicable for married candidates.
15. Medical fitness Certificate in prescribed format available in the prospectus must be obtained from the Govt. Medical officer not prior to the 15 days of the counselling date obtained from the Govt. Medical officer.
16. Admit Card issued by the Directorate of Nursing, Odisha which has been stamped at the time of appearing the examination.
17. Undertaking certificate is to be submitted, if ineligibility of a candidate is detected at any stage during counselling time or after admission, his/her candidature will be cancelled without any notice.

Convenor

M.Sc (N) Selection Committee 2019--20

P.T.O

COUNSELLING SCHEDULE
M.Sc. NURSING COURSE (2019-2020)

DATE-10-12-2019

DATE	CATEGORY	RANK HOLDER	REPORTING TIME	COUNSELLING TIME
10-12-2019	Reserved Male & Female (ST/SC/GCH/PH/EX-Ser)	ST- 1-09	8.30 AM TO 10.00 AM	10.00 AM TO ONWARDS
		SC-1-29		
		GCH-1-17		
		EX-S-NIL		
		PH-01		
		UR-1-100		
	Un Reserved Male & Female	UR-101- 233	1.00 PM TO 2.00 PM	2.00PM TO ONWARDS

UNDERTAKING

This is to certify that Miss/Smt./Sri _____ Daughter
/Son/Wife of _____ resident of village /town
_____ P.s _____, Dist _____, pin
no. _____ is working as _____ (Designation) in
_____ Govt. hospital /Govt. Undertaking
hospital/public sector undertaking hospital/referral hospital (Govt.& Private) /E.S.I
hospital approved by the state Govt./Govt. of India for treatment of their employees.
* (Strike out) whichever is not applicable.

I declare that, the above experience certificate submitted by me during or
after is true to the best of my knowledge and belief .I undertake that, if at any time
admission, it will be found to have given any wrong information with regard to marks,
experience certificates and any other documents produced by me in connection with
my admission, then my name will be immediately removed from the respective
college and in addition to that legal action deemed fit will be taken against me.

Date _____

Signature of the Applicant in Full