Government of Jammu & Kashmir Health and Medical Education Department GOVERNMENT MEDICAL COLLEG, ANANTNAG

(Email gmcanantnag2018 a gmail.com Website: www.gmcanantnag.net Tele: 01933227624)

Subject: Admission to left over seats in B. Sc Nursing course at Govt. Nursing College Pulwama.

Ref: No: JKNC-25/157/2997-3005 Dated 08/10/2025

NOTICE

Pursuant to the notification issued by J&K Nursing Council vide above reference, applications are invited from eligible/ desired candidates for admission to left over seats in the following B.Sc. Nursing course at Govt. Nursing College Pulwama.

S. No	Name of the Course	Total Seats	SC	ST1	OBC	RBA
01	B.Sc. Nursing	05	01	01	01	02

The selection of the candidates to such course shall be in accordance with the rules and regulations issued by J&K Board of professional Entrance Examinations and J&K Nursing Council as referred above.

Important information:

- Application Forms will be available on the GMC Ananthag Website (www.gmcanantnag.net) from 11-10-2025 to 16-10-2024)
- Last date for submission of duly filled application forms shall be 17-10-2025 till 04 PM
- 3. The application forms complete in all respects along with requisite documents and a Demand Draft of Rs: 300/- (in favour of Principal Govt. Nursing College Pulwama) are to be submitted in the office of the Principal Govt. Nursing College Pulwama.

(Prof./ Dr Rukhsana Najeeb) 11/10/25

Govt. Medical College, Anantnag.

No: GNC/Pul/Estt./542-45

Dated: 10-10-2025

Copy to the,

- 1. Principal Govt. Nursing College Pulwama for information and n/a.
- Coordinator, Govt. Nursing College Pulwama for information and n/a.
- Joint Director Information Kashmir with the request to kindly publish the above notification in two leading newspapers of valley for information of concerned candidates.
- In-charge College website, GMC Anantnag for uploading the above notification on college website for information of concerned candidates.

Application Form for B.Sc. Nursing Course

Govt. Nursing College.Pulwama

To be filled by Office

r Number	Date	of submission				
Form Number		Date:				
Bank Draft No:	en itdidatali					
(T Fill in Capital letters (to	o be filled by candidate):					
Fill in Capital letters (to	didate					
1. Name of the carr	:		Photo			
t Di-th:						
2451 13	ocember 2025:					
4. Age as on 31 D	(b) Blo	od Group				
The state of the s	INVITICITITY PITTURE	/ DIKII) 200011/	ristan)			
7 Category	(SC/ST-I/ST	-II/OBC/RBA/EWS)				
8 Permanent Add	ress:	100000000000000000000000000000000000000				
	Pin					
Present Address		the same of the sa				
		PIII				
9. Contact Number	er Personal:					
Contact Numb	er Guardian:	@				
Email address:	er Guardian:	PODEE Bank				
10. Serial No. of BC	OPEE:Maxi	Marks Pe	rcentage			
Roll No:	Year of passing d in (12 th) Max	imum Marks Pe	ercentage			
12. Marks obtaine	Year of passin	a a				
Roll No:	Year Of passin	5				
13. Examination L	3. Examination Details 12 th Class: Subject Marks Obtained Maximum Marks Percentage					
Subject	Marks Obtained	Maximum Marks				
. Physics						
Chemistry						
Biology			100			
English						
14 Documents to	be submitted: (along	with application For	rm).			
1 DOB Certif	ficate (Matric).					
2 Marks Car	d 10 th / 12 th Class.					
- modelle (
3 Domiche	Certificate.		and the			
	Certificate. Certificate for reserve Sheet, showing serial	d category candidate	es only.			

Signature of Candidate

Date:

Application Form for General Nursing & Midwifery (GNM) Course Govt. Nursing College Pulwama To be filled by Office

r Number	Date of sub	omission	
Form Number	Date	e:	
Bank Draft No:	ou the andidata)		
(To be fill in Capital letters () 1 Name of the candidate	filled by candidate):		
ill in Capital letters ()			
Name of the candidate			Photo
Name of the candidate Father/Guardian:			
Date of Birth: Age as on 31st Decemb	2025.		
4. Age as on 31" Decemb 5. (a) Gender	th) Blood Gro	gup	
5. (a) Gender 6. Religion	(Muslim/Hindu/Sikh/	Bodh/Jain/Christ	tan)
6. Religion 7. Category	LSC/ST-I/ST-II/OB	C/RBA/EWS)	
7. Category	(30/31 1/01		
8. Permanent Address: _	The state of the s	Pin	
Present Address:	No. 1 Control of the second		
Present Address:		Pin	
9. Contact Number Pers	onal		
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		(CD)	The second secon
10. Serial No. of BUPEE.	oth Maximum A	Marks Perc	entage
11. Marks obtained in (1)	July (VIdXIII)		
Roll No:	Year of passing	Marks Perc	entage
12. Marks obtained in (1	Year of passing		
Roll No:	_ Year of passing		
13. Examination Details	Marks Obtained	Max. Marks	Percentage
Subject	IVIdI KS Obtained	The state of the s	
The state of the s			
14.Documents to be su	bmitted: (along with a	application Form	1).
1. DOB Certificate	Matric).		
2. Marks Card 10 th	/ 12th Class.		
Cartific	ata		
3. Domicile Certific	cate for reserved cate	gory candidates	only.
5. Any other certif	icate.		
5. Any other certif			
		Signati	ure of Candida

Date:

Application Form for Female Multipurpose Health Worker (FMPHW) Course

Govt. Nursing College Pulwama

	To be filled by Office							
Bank draft No	Dated							
Form No	Date of su	bmission						
	To be filled by candidate)							
ill in Capital letters: ()								
Name of the candid	late							
Name of the candid Father/Guardian: _			_ Photo					
3. Date of Birth:								
	mher 2025.							
5. (a) Gender	(b) Blood	Group						
6. Religion	(Muslim/Hindu/Si	kh/Bodh/Jain/C	hristan)					
7. Category	(SC/ST-I/ST-II/	OBC/RBA/EWS)						
8. Permanent Addres	s:							
		Pin						
Present Address:								
	Pin							
9. Contact Number P	ersonal:		200000000000000000000000000000000000000					
Contact Number G	Guardian:							
Email address:								
10. Serial No. of BOPE	E:	_ BOPEE Kank _	reantage					
11. Marks obtained in	ed in (10 th) Max. Marks Percent							
Roll No:	Year of	passing	* * * * * * * * * * * * * * * * * * * *					
12.Examination Deta	12. Examination Details 10 th Class:							
Subject	Marks Obtained	Max. Marks	Percentage					
Subject			Mark Street					
-		h application Fo	rm)					
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1. DOB Certificate (Viatric).							
2. Marks Card 10 th C								
3. Domicile Certifica	ite.	an candidates	only					
	ate for reserved categ	ory candidates	y.					
5. Any other certific	ate.							
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Date: _