

# Tripura Institute of Paramedical Sciences-Nursing

Joint Venture with Government of Tripura Affiliated to Tripura Central University

Recognized by Indian Nursing Council & Tripura State Nursing Council

AFFIX RECENT PASSPORT SIZE COLOR PHOTOGRAPH

## **Application Form**

	BSC I	Nursing ANM N	ursing	
		MSC Nursing		
Name of the candidate: (Capital Letters)				
Father's Name:				
Mother's Name:				
Address:				
Pin :				
Contact No:				
D.O.B. :			Category : SC/ST/G	ENERAL
(As per Madhyamik Certi	ficate)		l	
Nationality:		Religion:		Sex: Male /Female
Availing Hostel Facility:	Yes	No		
Name of Local Guardian:				
Address & Contact Details	:			
<b>Educational Qualification</b> Details of Marks Obtained		nt Examination Passed / E	3.Sc (N) or Post Basic B.	Sc (N)
Academic Information:				
Qualification	Major Subject	Board/University	Year of Passing	% of Marks
Class x				
Class XII				

Documents Submitted: (Original & Attested Photocopies)					
Application form duly filled in all respects should be submitted at our nearest center within Application form should be submitted in original only or can be downloaded from our website					
Documents to be submitted with application form; PRTC, age p board result / B.Sc (N) or Post Basic B.Sc (N) result with Experier medical certificate.					
A fee of Rs 500 / - (Five Hundred Only) in demand draft/pay ord at Agartala should be submitted along with the forms as Comm					
Declaration:					
I shall obey the rules & regulations of the institute and the institu	utional hostel.				
I shall not take part in any subversive activities including ragging anywhere at Agartala or outside anytime during my stay at the					
If I involve in any type of subversive activities the institute authoral take any type of disciplinary action as per prevailing rules & reg					
I also agree to pay college installments/hostel fees on time. If I fa months/2 installments I shall be liable to be struck off from the					
All the information furnished here are true to the best of my kno	owledge and belief.				
(Countersigned by Parent / Guardian)	(Signature of Student in Fu <b>ll</b> )				
Date	L.				
	nly				
(Admission Counse <b>ll</b> or)	(Admin-in-Charge)				
Date					



### TRIPURA INSTITUTE OF PARAMEDICAL SCIENCES- NURSING

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#### **Admit Card For CET 2023**

TIPS Management committe	e will not be liable for any sort of delay in postal transit.	
Forms <b>are subject to verific</b>	cation and proper fulfillment of all criteria as required by the college autho	rity]
petween 10.30 am to 5 pm		
Bank for Rs 500/-( five hund	red only).Admit card for the common entrance test should be collected from our	office on and from
along with one pay order /DE	) noonon	
	n no from Shri /Smt	of
tips	TRIPURA INSTITUTE OF PARAMEDICAL SCIENCES- NURSING Approved by Indian Nursing Council & Tripura State Nursing Cou Joint Venture with Government of Tripura P.O: Amtali, Hapania, Tripura(West) Pin: 799014	ıncil
Date and Venue subject to		xam Controller
Negative marking will be Questions will be in englis	sh/bengali language	
	es, mobile, calculator etc. will be allowed at the examination hall.	
<b>Note:</b> You are requested	to appear at the centre before 30 minutes	
	nce group (10+2 standard) & G.K. for BSC Nursing / M. Sr. Nursing ce group (10th standard) & G.K. for ANM	
Place of Examination		
Time of Examination		
Date of Examination		
Roll No		THOTEGRAFTE
Address		COLOUR  PHOTPGRAPH
Father's Name Address		AFFIX RECENT PASSPORT SIZE



# TRIPURA INSTITUTE OF PARAMEDICAL SCIENCES- NURSING Recognized by Indian Nursing Council & Tripura State Nursing Council MEDICAL CERTIFICATE

I HAVE EXAMINED ME	R/MRS	S/D OF MR		
	A CANDIDATE FOR ADMISSION INTO TRIPU	RA INSTITUTE OF PARAMEDICAL SCIENCES.		
1. PERSONAL MARK	CIDENTIFICATION			
2. AGE:	A. STATEDYEARSYEARS	MONTHS		
	B. APPARENTYEARSYEARSYEARS	MONTHS		
C. FULL EXPIRA	ATIONCMS			
4. HEIGHT	MCMS			
5. WEIGHT	KGS			
6. EYESIGHT: (VIDE	NOTE BE BELOW): A. RIGHT EYE :	B. LEFT EYE:		
7. VACCINAL CONDITION ( ALL CANDIDATES MUST BE VACCINATED BEFORE JOINING):				
8. GENERAL PHYSIC	QUE:			
9. HEART:				
10. LUNGS:				
11. ABDOMINAL VISO	CERA:			
12. CHOLERA INFECTION / INOCULATION:				
13. TYPHOID INFECTION/ INOCULATION:				
14. MALARIA INFECT	rion:			
15. BLOOD GROUP:				
	THAT HE/SHE IS PHYSICALLY AND MENTALLY FIT EXCEPT.			
PLACE:	DATE:			
REGISTRATION NO:		SIGNATURE		
	(EYESIGHT STANDA			

#### A. ALLOWABLE

- 1. MYOPIA OF MYOPIA ASTIGMATISM CORRECTION NOT EXCEEDINT 3.5D ACUTENESS OF VISION AFTER CORRECTION (A)6/9 IN ONE EYE AND (B)6/6 IN ANOTHER EYE.
- 2. HYPERMETRIOPIC NOT EXCEEDING 14D OR HYPERMETRIOPIC ASTIGMATISM-CORRECTION LENS NOT EXCEEDING 4D. ACUTENESS OF VISION AFTER CORRECTION (A) 6/9 IN ONE EYE AND (B) 6/6 IN ANOTHER EYE.

#### B. DISQUALIFYING

- 1. DEFECTIVE VISION FROM ARISING NEBULA OF THE CORNEA OR ANY PATHOLOGICAL CONDITION OF THE DEEPER STRUCTURES.
- 2. COLOUR BLINDNESS (ACHROMATOPSIA)
- 3. PARALYSIS OF THE EXTERIOR MUSCLES OF THE EYE.