



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

Application Form

ANM Nursing GNM Nursing
BSC Nursing MSC Nursing

AFFIX RECENT
PASSPORT SIZE
COLOUR
PHOTOGRAPH

Name of the candidate:
(Capital Letters)

Father's Name:

Mother's Name:

Address:

Pin :

Contact No.:

D.O.B.:

Category : SC/ST/GENERAL

(As per Madhyamik Certificate)

Nationality:

Religion:

Sex: Male / Female

Availing Hostel Facility: Yes

No

Name of Local Guardian:

Address & Contact Details:

Educational Qualification

Details of Marks Obtained in H.S. + w/Equivalent Examination Passed / B.Sc (N) or Post basic B.Sc (N)

Academic Information:

Qualification	Major Subject	Board/University	Year of Passing	% of Marks
Class X				
Class XII				
Bachelor / Others				

Experience

Clinical / Teaching	Organization / University	Period of Clinical / Teaching Experience	Skills & experience gained

Document submitted (Original & Attested Photo Copy)

Common Admission Test will be on

Please choose one of your examination centres as per your ease:

- | | |
|---|--|
| <input type="checkbox"/> Agartala (Tripura) | <input type="checkbox"/> Dharmanagar (Tripura) |
| <input type="checkbox"/> Guwahati (Assam) | <input type="checkbox"/> Kolkata (West Bengal) |

Final selection of candidates will be done through personal interview basis.

A fee of Rs.500/- in DD/Pay Order favoring “Tripura Institute of paramedical Science” payable at Agartala should be submitted along with the form as common admission test purpose.

Application form duly filled in all respects should be submitted at our nearest centre within _____

Application form should be submitted in original only or can be downloaded from our website.

Documents to be submitted with the Application Form : PRTC, Age Proof Certificate, Adhar Card, Secondary Exam Result, 10+2 Board Result , Graduation result for M.Sc (N) (all should be attested photocopies) , Medical Certificate & Experience Certificate

Declaration:

- I SHALL OBEY THE RULES & REGULATIONS OF THE INSTITUTE AND THE INSTITUTE MESS.
- I SHALL NOT TAKE PART IN ANY SUBVERSIVE ACTIVITIES INCLUDING RAGGING IN ANY FORM IN THE INSTITUTE CAMPUS OR THE INSTITUTE MESS OR ANYWHERE AT AGARTALA OR OUTSIDE ANY TIME DURING MY STAY AT THE INSTITUTE.
- IF I INVOLVE MYSELF IN ANY TYPE OF SUBVERSIVE ACTIVITIES, THE INSTITUTE AUTHORITY, ALONE OR IN CONSULTATION WITH LOCAL ADMINISTRATION, MAY TAKE ANY TYPE OF DISCIPLINARY ACTION AS PER PREVAILING RULES & REGULATIONS OF THE COLLEGE.
- I ALSO AGREE TO PAY COLLEGE INSTALMENTS/HOSTEL FEES ON TIME, IF I FAIL TO PAY HOSTEL FEES INSTALMENTS FOR CONSISTENTLY TWO MONTHS/TWO INSTALMENTS; I SHALL BE LIABLE TO STRUCK OFF FROM THE COLLEGE ROLL.
- ALL THE INFORMATION FURNISHED HERE ARE TRUE TO THE BEST OF MY KNOWLEDGE & BELIEF.

.....
(Countersigned in full by parent/local guardian)

.....
(Signature in full of the candidate))

Date:.....

Date:.....

.....Office Use Only.....

Verification and found to be correct

.....
(Admission Counselor)

.....
Admin-in-Charge)

Date:.....



Tripura Institute of Paramedical Sciences-Nursing
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Admit Card For CET 2024

Name of the candidate

Father's Name

Address

Roll No.

Date of Examination

Time of Examination

Place of Examination

AFFIX RECENT
PASSPORT SIZE
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PHOTOGRAPH

Subject: MCQ on science group (10+2 standard) & G.K. for BSC Nursing / M. Sc. Nursing
MCQ on science group (10th standard) & G.K. for ANM & GNM

*Note: You are requested to appear at the centre before 30 minutes
Except pen no books, notes, mobile, calculator etc. will be allowed at the examination hall.
Negative marking will be there.
Questions will be in english / bengali language
Date and Venue subject to change if necessary.*

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Exam Controller



TRIPURA INSTITUTE OF PARAMEDICAL SCIENCE-NURSING
Approved by Indian Nursing Council & Tripura State Nursing Council
Joint Venture with Government of Tripura
P.O.: Amtali, Hapania, Tripura (West) Pin: 799 014

Received one application form no..... from Shri / Smt.of
.....

along with one pay order / DD No.....dtd.....on.....

Bank for Rs.500/- (five hundred only). Admit card for the common entrance test should be collected from our office on and
from..... between 10.30 am. to 5 pm.

[Forms are subject to verification and proper fulfillment of all criteria as required by the college authority]

TIPS Management committee will be liable for any sort of delay in postal transit.

.....
Received by



TRIPURA INSTITUTE OF PARAMEDICAL SCIENCES-NURSING
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MEDICAL CERTIFICATE

I HAVE EXAMINED MR/MRS S/D OF MR
..... A CANDIDATE FOR ADMISSION INTO TRIPURA INSTITUTE OF PARAMEDICAL SCIENCES.

1. PERSONAL MARK IDENTIFICATION.....
2. AGE: A. STATED..... YEARS..... MONTHS
 B. APPARENT..... YEARS..... MONTHS
3. CHEST MEASUREMENT:
A. NORMAL..... CMS
B. FULL INSPIRATION..... CMS
C. FULL EXPIRATION..... CMS
4. HEIGHT..... M..... CMS
5. WEIGHT..... KGS.
6. EYESIGHT: (VIDE NOTE BE BELOW): RIGHT EYE: B. LEFT EYE:
7. VACCINAL CONDITION (ALL CANDIDATES MUST BE VACCINATED BEFORE JOINING):
8. GENERAL PHYSIQUE:.....
9. HEART:.....
10. LUNGS:.....
11. ABDOMINAL VISCERA:.....
12. CHOLERA INFECTION / INOCULATION:.....
13. TYPHOID INFECTION . INOCULATION:.....
14. MALARIA INFECTION:.....
15. BLOOD GROUP:

AND HEREBY CERTIFY THAT HE / SHE IS PHYSICALLY AND MENTALLY FIT EXCEPT.....
WHICH WILL CREATE NO HINDRANCE FOR THE ADMISSION TO THIS TYPE OF PROFESSIONAL COURSE.

PLACE: DATE:

REGISTRATION NO.:.....

.....
SIGNATURE

(EYESIGHT STANDARD)

A. ALLOWABLE

1. MYOPIA OF MYOPIA ASTIGMATISM-CORRECTION NOT EXCEEDINT E.5D ACUTENESS OF VISION AFTER CORRECTION (A)6/9 IN ONE EYE AND (8)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.