|  |  |  |
| --- | --- | --- |
| logo new | RecentPassport Size Photo**POKHARA UNIVERSITY****Faculty of Health Sciences****B. P. Koirala Memorial Cancer Hospital Nursing College, Bharatpur, Chitwan** **Entrance Examination****2019 AD (2076 BS)** **Bachelor of Nursing Science (Oncology)** |  |

Registration Number/Roll No: (official purpose only): ……………………...........................................

|  |
| --- |
| **Personal details** |
| Name (CAPITAL LETTERS) |  |
| Date of birth (D/M/Y) | BS |  | AD |  | Gender |  |
| Contact number |  | Email |  |
| Father's name |  | Mobile |  |
| Mother's name |  | Mobile  |  |
| Guardian’s name |  | Mobile |  |
| Permanent address | District |  | Rural/Municipality |  |
| Ward No. |  | Block / Tole |  |
| **Academic qualification** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Level Passed | Board or University | Institution | FullMarks | Marks obtained | Major Subjects |
| Total | %\* |
| PCL in Nursing |  |  |  |  |  |  |
| SLC or Equivalent |  |  |  |  |  |  |

*\*Must be calculated upto 2 digits after decimals (This is mandatory)*

I hereby declare that the details given above are correct and I bear the sole responsibility for disqualifying my application due to incomplete or incorrect information. I unconditionally agree to abide by the rules and regulations of Pokhara University.

……………………………… ……………………………….

Applicant's signature Date

**Verification checklist (Official use only)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Tick(√)** | **Description** | **Tick(√)** |
| SLC Mark-Sheet/ Character Certificate |  | Passport Size Photo – 3 copies |  |
| PCL Nursing Transcript,  |  | Voucher of NRs 1600 |  |
| Nursing Council Registration Certificate |  | Experience Letter |  |

Verification by Entrance Examination Committee: Signature ………………… Date: ……………………..

Verification by Account Section: Signature ………………… Date: ……………………..

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
|  | **POKHARA UNIVERSITY****Faculty of Health Sciences** **B. P. Koirala Memorial Cancer Hospital Nursing College, Bharatpur, Chitwan** **Entrance Examination****2019 AD (2076 BS)****Entrance card** | RecentPassport Size Photo |

 |  |  |

Registration number/Roll No: (official purpose only):……………………...

|  |  |
| --- | --- |
| Name (CAPITAL LETTERS) |  |
| Date of birth (D/M/Y) | BS |  | AD |  | Gender |  |
| Contact number |  | Email |  |
| Father's name |  | Mobile No |  |
| Mother's name |  | Mobile No |  |
| Permanent address | District |  | Rural/Municipality |  |
| Ward |  | Block / Tole |  |
| **Date of examination** |  |
| **Time of examination** |  |
| **Exam center** | B. P Koirala Memorial Cancer Hospital, Bharatpur, Chitwan |

………………………………. ……………………………

Applicant's signature Date

………………………………. ……………………………

Authorized signature Date Office Seal

**Instructions to the applicant**

1. Applicant will NOT be allowed to enter into the examination hall without valid admission card. If lost, a provisional card will be issued on application along with payment of NRs.300 and a recent photograph one hour before exam.
2. Candidate must arrive at the examination hall 15 MINUTES before the commencement of examination.
3. Candidate will NOT be allowed to enter the examination hall 15 MINUTES after the commencement of examination.
4. Candidate MUST follow the assigned seat plan in the examination hall.
5. Any form of misconduct or incriminating activities during or after examination shall result in the CANCELLATION of his/her entrance examination without any warning.
6. Candidate is STRICTLY PROHIBITED to bring any kind of mobile phone, camera, programmable calculator or other electronic devices in the examination hall.

**Eligibility for Application and Entrance for BNS( Oncology)**

|  |  |  |
| --- | --- | --- |
| **Programs** | **Seats** | **Eligibility** |
| BNS(Oncology)  | 17 | PCL in Nursing or equivalent degree as recognized by Pokhara University with at least 50% marks in aggregate.  |

**Documents to be submitted**

* Completely filled form(hard copy), the candidate should have their signature on application form and official documents at the time of issuance of admission card.
* Three copies of recent passport size photographs.
* In case of candidates who have passed SLC and PCL Nursing from the countries other than Nepal, they must produce the certificate of equivalent.
* Self-attested copies of academic documents (mark sheet/transcript, character certificate) for SLC and above along with migration certificate, council certificate and citizenship card- those who submit the documents hard copies.
* Candidates who fail to submit all the documents by the deadline will not be allowed to attend entrance examination.

**Note: the successful candidates who will be called for admission must produce the self-attested the copies of essential documents mentioned in Admission flow chart.**

**Application and examination fee**

* Applicant should pay nonrefundable NRs. 1600 (Application fee 100 plus entrance fee 1500) while submitting the application form.
* Above mentioned amount should be deposited in the given bank accounts of

**FACULTY OF HEALTH SCIENCES, PU**

 **Bank : Prabhu Bank**

 **A/C No.** 06800101160643000001

**Entrance syllabus**

General Nursing 20%, English 10%, Specialized Nursing (Medical surgical Nursing/Oncology, Midwifery nursing, Pediatric Nursing, Community Health Nursing, Psychiatric Nursing, Leadership and Management) 50%, Basic Science (Based on PCL Nursing) 20%.

**Question pattern and evaluation**

* There will be 100 multiple choice questions based on the syllabus mentioned above.
* Evaluation will be based solely on entrance scores. If entrance score coincides, percentage score of highest academic qualification will be taken into account.
* The selection criteria of students will be on the basis of merit.
* Decision of Entrance Committee will be final in case of controversies.
* Duration of Entrance examination : 2 hours