

**Guidelines for filling up the application form for the Certificate in
Community Health for Nurses**

1. Name of the Programme Applied: Write Certificate in Community Health for Nurses
2. Programme Code : BPCCHN
3. In case of medium of study please fill code A1 for English, B2 for Hindi and C3 for other language.
4. Regional Centre Code: write Regional centre code under which you want to take admission See Appendix 4 for Regional Centre Codes
5. At Sl. No. 5, Fill Programme Study Centre (PSC) Code where you want to pursue studies (See Appendix 3)
6. At S.No. 6, write State Code: Select Code from Appendix 8 a
7. At S.No. 7, write A1 for yes and B2 for not registered . Fill it only if you have enrolled in any other programme of IGNOU.
8. At S. No.8, write Name of the candidate as mentioned in class X/XII mark-sheet or equivalent certificate.
9. At S. No. 9 ,write Name of the Father/Mother/Husband. Please write S/o or D/o for Father/Mother's Name and W/o for Husband's Name.
10. At S. No.10, write House No. in (a) Street Name, in (b) Locality / Mohalla, in (c) Tehsil/District in (d) City , in (e) Pin code, in (f) State, in (g).
11. At S. No. 11, write landline no. in (a) email ID in (b) and mobile no. in (c). (Phone no. and e mail is mandatory and write clearly, correctly and legibly).
12. At S.No12 ,write date of birth,date ,month ,year correctly
13. At S. No. 13, write A1 for Indian and B2 for others. (Please specify the particular country, if you fill B2).
14. At S. No. 14, please write A1 for Male, B2 for Female and C3 for Others.
15. At S. No. 15, please write A1 for General, B2 for SC, C3 for ST, D4A for OBC (Creamy) D4B for OBC (Non-Creamy) and E for minority.
16. At S.No. 16, please write A1 for urban area, B2 for Rural area and C3 for Tribal area.
17. At. S. No. 17, for Marital Status: Please write A1 for married and B2 for unmarried.
18. At S. No. 18, for Religion: Please write A1 for Hindu, B2 for Muslim, C3 for Christian, D4 for Sikh, E5 for Jain, F6 for Buddhist, G7 for Parsi, H8 for Jews and I9 for other religion.
19. At S. No. 19, for minority. Please write A1 for Yes and B2 for No
20. At S.No. 20, for Social Status: Please write A1 for Ex-Serviceman and B2 for War Widows C3 for Not Applicable
21. At S.No. 21, whether Kashmiri Migrant: Please write A1 for Yes and B2 for No. (Government of India rule will be followed for this category)
22. At S.No. 22 , employment Status: Please write A1 for unemployed, B2 for IGNOU regular Employee, C3 for Employed and D4 for KVS employee.

23. At Sl. No. 23, fill up if applicable.
24. At S. No. 24, for Disability in: a) Write A1 for Yes and B2 , for No. in b) kindly provide details of disability: write A1 for Speech and Hearing Impairment, B2 for Locomotor Impairment, C3 for Visual Impairment, D4 for Low Vision and E5 for any other, please specify if you fill E5.
25. At S.No. 25 , for Educational Qualification:
- In a) write code A1 for 10th and B2 for 12th.
 - In b) write main subjects of 10th/12th.
 - In c) write year of passing.
 - In d) write Division as given.
 - In e) write %age of Marks.
 - In f) write Board Code/University.
26. At S.No. 26 , for Relevant Educational Qualifications:
- In a) write relevant code i.e. A1for GNM B2 for BSc C3 for BAMS, D for any other
 - In b) write main subjects.
 - In c) write year of passing.
 - In d) write Division as given.
 - In e) write % age of Marks .
 - In f) write Board Code/University.
 - In g) write registration number of Nursing council for RN and RM/Ayurveda council no.
 - In h) write whether inservice . Please write A1 for Yes and B2 for No. Also mention the current place of work.
 - In i) write years of experience after RN and RM/Ayurveda practice.
27. At S.No. 27, for Details of fee remittance:
- In a) write code A1 for cash challan and B2 for Demand draft.
 - In b) write the amount in Rs.
 - In c) write the DD/Challan Number
 - In d) write the date of DD/Challan Number
 - In e) write name of the bank
28. At S.No. 28, Kindly sign the declaration with Place and date.

INDIRA GANDHI NATIONAL OPEN UNIVERSITY

MAIDAN GARHI, NEW DELHI-110 068

APPLICATION FORM

(To be submitted to School of Health Sciences along with the consolidated details of data of each selected student in Hard and Soft copy by MOHFW)

INSTRUCTIONS										APPLICATION NO.																																																		
<ol style="list-style-type: none"> 1. Please read the instructions before filling up the form (Appendix 26). 2. Please use Black/Blue Ball Point Pen in boxes using English CAPITAL LETTERS or English numerals. 3. Write in CAPITAL LETTERS only within box. Leave blank between words as shown in the example below. 4. Attach relevant certificates with application form. 5. Attach DD in favour of IGNOU payable at Delhi (to be paid by MOHFW). 																																																												
<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">A</td><td style="padding: 2px;">B</td><td style="padding: 2px;">C</td><td style="padding: 2px;">D</td><td style="padding: 2px;">E</td><td style="padding: 2px;">F</td><td style="padding: 2px;">G</td><td style="padding: 2px;"> </td><td style="padding: 2px;">I</td><td style="padding: 2px;">J</td><td style="padding: 2px;">K</td><td style="padding: 2px;">L</td><td style="padding: 2px;"> </td><td style="padding: 2px;">N</td><td style="padding: 2px;">O</td><td style="padding: 2px;">P</td><td style="padding: 2px;">Q</td><td style="padding: 2px;">R</td><td style="padding: 2px;">S</td><td style="padding: 2px;">T</td><td style="padding: 2px;">U</td><td style="padding: 2px;">V</td><td style="padding: 2px;"> </td><td style="padding: 2px;">X</td><td style="padding: 2px;">Y</td><td style="padding: 2px;">Z</td><td style="padding: 2px;"> </td><td style="padding: 2px;">0</td><td style="padding: 2px;">1</td><td style="padding: 2px;">2</td><td style="padding: 2px;">3</td><td style="padding: 2px;">4</td><td style="padding: 2px;">5</td><td style="padding: 2px;">6</td><td style="padding: 2px;">7</td><td style="padding: 2px;">8</td><td style="padding: 2px;">9</td> </tr> </table>										A	B	C	D	E	F	G		I	J	K	L		N	O	P	Q	R	S	T	U	V		X	Y	Z		0	1	2	3	4	5	6	7	8	9	Enrolment No. (For Office Use) <table style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>													
A	B	C	D	E	F	G		I	J	K	L		N	O	P	Q	R	S	T	U	V		X	Y	Z		0	1	2	3	4	5	6	7	8	9																								
1. Name of the Programme Applied: <input style="width: 90%; border: none;" type="text"/>										<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> PHOTOGRAPH Affix your latest passport size photograph (4 cm x 5 cm) duly attested by you </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto; margin-top: 20px;"> Signature of Applicant </div>																																																		
2. Programme Code: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		3. Medium of Study (Write code in the box) A1 English <input style="width: 20px; height: 20px;" type="text"/> B2 Hindi <input style="width: 20px; height: 20px;" type="text"/> C3 Others <input style="width: 20px; height: 20px;" type="text"/>		4. Regional Centre Code: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		5. Programme Study Centre Code: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		6. State Code: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																																																				
7. a. Are your registered with (Ignou) (Please write relevant code in the box) A1 - Yes <input style="width: 20px; height: 20px;" type="text"/> B2 - No <input style="width: 20px; height: 20px;" type="text"/>												If yes, Programme Code: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																																																
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8. Name of the Candidate: (as in class X/XII mark sheet or equivalent certificate) <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>																																																												
9. Father/Mother/Husband Name: (Please write S/o or D/o for Father/Mother's Name and W/o for Husband's Name) <input style="width: 100%; height: 20px;" type="text"/> /o <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>																																																												
10. Address for Correspondence: (Please do not give POST-BOX Number. Use Capital Letters and give space between words)																																																												
a) House No.:			b) Street Name:																																																									
c) Locality/Mohalla:																																																												
d) Tehsil/District:																																																												
e) City:						f) Pin Code:																																																						
g) State:																																																												
11. Contact Details: a) Landline No. <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>										Fax, if any: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																																																		
b) e-mail ID: <input style="width: 80%; border: none;" type="text"/>										c) Mobile No.: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																																																		
12. Date of Birth: Date <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / Month <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / Year <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>			13. Nationality A1 - Indian <input style="width: 20px; height: 20px;" type="text"/> B2 - Others, pl. specify <input style="width: 80%; border: none;" type="text"/>																																																									
14. Gender (Pls. write relevant code in the box) A1 - Male <input style="width: 20px; height: 20px;" type="text"/> B2 - Female <input style="width: 20px; height: 20px;" type="text"/> C3 - Other <input style="width: 20px; height: 20px;" type="text"/>			15. Category (Pls. write relevant code in the box) A1 - General <input style="width: 20px; height: 20px;" type="text"/> B2 - SC <input style="width: 20px; height: 20px;" type="text"/> C3 - ST <input style="width: 20px; height: 20px;" type="text"/> D4A - OBC (Creamy) <input style="width: 20px; height: 20px;" type="text"/> D4B OBC (Non Creamy) <input style="width: 20px; height: 20px;" type="text"/>			16. Area (Pls. write relevant code in the box) A1 - Urban <input style="width: 20px; height: 20px;" type="text"/> B2 - Rural <input style="width: 20px; height: 20px;" type="text"/> C3 - Tribal <input style="width: 20px; height: 20px;" type="text"/>																																																						
17. Marital Status (Pls. write relevant code in the box) A1 - Single <input style="width: 20px; height: 20px;" type="text"/> B2 - Married <input style="width: 20px; height: 20px;" type="text"/>			18. Religion (Pls. write relevant code in the box) A1 - Hindu <input style="width: 20px; height: 20px;" type="text"/> D4 Sikh <input style="width: 20px; height: 20px;" type="text"/> G7 Parsi <input style="width: 20px; height: 20px;" type="text"/> B2 - Muslim <input style="width: 20px; height: 20px;" type="text"/> E5 Jain <input style="width: 20px; height: 20px;" type="text"/> H8 Jews <input style="width: 20px; height: 20px;" type="text"/> C3 Christian <input style="width: 20px; height: 20px;" type="text"/> F6 Buddhist <input style="width: 20px; height: 20px;" type="text"/> I9 Others <input style="width: 20px; height: 20px;" type="text"/>			19. Whether Minority (Pls. write relevant code in the box) A1 - Yes <input style="width: 20px; height: 20px;" type="text"/> B2 - No <input style="width: 20px; height: 20px;" type="text"/>																																																						
20. Social Status (Pls. write relevant code in the box) A1 - Ex-Serviceman <input style="width: 20px; height: 20px;" type="text"/> B2 - War Widows <input style="width: 20px; height: 20px;" type="text"/> C3 - Not Applicable <input style="width: 20px; height: 20px;" type="text"/>			21. Whether Kashmiri Migrant (Pls. write relevant code in the box) A1 - Yes <input style="width: 20px; height: 20px;" type="text"/> B2 - No <input style="width: 20px; height: 20px;" type="text"/>			22. Employment Status (Pls. write relevant code in the box) A1 - Unemployed <input style="width: 20px; height: 20px;" type="text"/> B2 - IGNOU regular employee <input style="width: 20px; height: 20px;" type="text"/> C3 - Employed <input style="width: 20px; height: 20px;" type="text"/> D4 - KVS employee <input style="width: 20px; height: 20px;" type="text"/>																																																						

23. Details of Scholarship being received, if any

a) Annual Scholarship Amount <input type="text"/>	b) Deptt. offering Scholarship: A1 Government <input type="text"/>	c) Family Income (annual) <input type="text"/>	d) Below Poverty Line A1 Yes <input type="text"/>	e) Jain Inmates A1 Yes <input type="text"/>
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24. a) Whether a Person with Disability

(Pls. write relevant code in the box) A1 - Yes B2 - No

b) If yes, kindly provide details of disability:

(Pls. write relevant code in the box) A1 - Speech and Hearing Impairment B2 - Locomotor Impairment C3 - Visual Impairment D4 - Low Vision

Leprosy Cured
Mental Retardation
Mental Illness

25. Educational Qualifications:

a) Whether 10 th or 12 th pass A1 - 12 th <input type="text"/> B2 - 10 th <input type="text"/>	b) Main Subjects 1. _____ 2. _____ 3. _____	c) Year of Passing <input type="text"/>	d) Division <input type="text"/> 01,02,03 or 04 for pass	e) %age of Marks <input type="text"/>	f) Board Code/University <input type="text"/>
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26. Relevant Qualifications (which make you eligible for application to the programme) GNM/B.Sc.N/BAMS

a) Qualification A1 - GNM <input type="text"/> B2 - BScN <input type="text"/> C3-BAMS <input type="text"/> C4-Any other <input type="text"/>	b) Main Subjects 1. _____ 2. _____ 3. _____ 4. _____	c) Year of Passing <input type="text"/>	d) Division <input type="text"/> 01,02,03 or 04 for pass	e) %age of Marks <input type="text"/>	f) Board Code/University <input type="text"/>
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g) Council Registration Number RN RM Name of Nursing Council/ Ayurveda Council

h) Whether in Service A1 - Yes B2 - No

Place of work

i) Years of experience after RN/RM/Ayurveda practice

27. Details of fee Remittance:

a) Mode of Payment (Pls. write relevant code in the box) A1 - Cash Challan B2 - Demand Draft b) Amount : Rs. _____ Please add Rs. 500/- in case of Late fee

c) DD/Challan Number:

e) Bank Name:

28. Declaration:

I hereby declare that I have read and understood the conditions of eligibility for the programme for which I seek admission. I fulfill the minimum eligibility criteria and I have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable for cancellation by the University at any time and I shall not be entitled to refund of any fee paid by me to the University. Further, I have carefully studied the rules of the University as printed in the Prospectus and I accept them and shall not raise any dispute in future over the same rules. I understand that the University can amend or change any rules without advance intimation and I will be abiding by them.

Place :
Date :

Signature of the Applicant

INSTRUCTIONS FOR CANDIDATES

1. Please send your Application Form by Registered/Speed Post to School of Health Sciences, IGNOU.
2. Last date for receipt of filled in application form is as per advertisement.
3. Please retain photo copy of the filled application form for future reference.
4. For Detailed instructions please refer Student Handbook & Prospectus.
5. Self attested Photocopy of all the relevant certificates of DOB, Category, Employment, Educational Qualification, relevant Qualification making you eligible for application to programme, Council Registration and Demand Draft must be send along with this application form.
6. Original Certificates will be verified.
7. Fill up the column of E-Mail ID and correct mobile no., otherwise candidate will be responsible for non receipt of communication.

For office use

ADMITTED	NOT ADMITTED
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Reason for not admitting _____

Signature with date

INSTRUCTIONS

1. This card should be produced on demand at the Study Centre and Examination Centre or any other Establishment of IGNOU to use its facilities.No student shall be allowed to appear in any examination / practical without it.
2. The facilities would be available only relating to the course or courses for which the student is actually registered.
3. Duplicate Identity Card will be issued by the Regional Director, on payment of Rs. 100/- by way of Demand Draft only in favour of IGNOU payable at the city where Regional Centre is located.
4. Loss of Identity Card is to be reported immediately to the nearest Police Station/ Concerned Regional Centre.
5. Identity Card is to be submitted to the issuing authority after completion of the said programme.



INDIRA GANDHI NATIONAL OPEN UNIVERSITY

STUDENT CARD

for

**Bridge Programme in Community Health
for Nurses**

(FOR USE OF IGNOU FACILITIES ONLY)



Indira Gandhi National Open University

ACKNOWLEDGEMENT CARD

Dear Student,

Thank you for joining IGNOU Bridge Programme in Community Health. We acknowledge the receipt of your Application Form. Your admission into this programme is provisional and subject to verification within IIBF databank. In case you are not a member of IIBF, your admission into the Programme shall be cancelled.

Please mention Enrolment Number and course applied for in all your future correspondence with the University.

To be filled in by the Student.

Course Applied for : **BScN (PB)**
DD No. :
DD Date :
Amount :
DD Drawn on :

For Office Use Only

Your Enrolment Number is

<p>Enrolment No. _____</p> <p>Name of the Programme _____</p> <p>Name _____</p> <p>Father's/Husband's Name _____</p> <p>_____</p> <p>Address (in Capital Letters) _____</p> <p>_____</p> <p>_____</p> <p>Pin Code _____</p> <p>Mobile No. _____</p> <p>Full Signature of the Candidate _____</p>	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>PASTE</p> <p>LATEST PHOTOGRAPH TO BE PASTED WHICH WILL BE ATTESTED BY UNIVERSITY OFFICE</p> </div> <p style="text-align: center; margin-top: 10px;">ATTESTED BY</p>

	<p>Affix Postage stamp for Rs 6/-</p>							
<p>To</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>								
<p>From The Regional Director, IGNOU Regional Centre</p> <p>_____</p> <p>_____</p>	<p>PIN: <table border="1" style="display: inline-table; text-align: center; width: 100px; height: 20px;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table></p>							