



GOVERNMENT OF JAMMU AND KASHMIR
HEALTH AND MEDICAL EDUCATION DEPARTMENT

GOVERNMENT MEDICAL COLLEGE, ANANTNAG

Website: www.gmcanantnag.ac.in

Email ID: Principal-gmca@jk.gov.in

Admission 2026-27

LIST OF DOCUMENTS REQUIRED AT THE TIME OF REPORTING AT GOVT NURSING COLLEGE, GMC ANANTNAG FOR THE PURPOSE OF B.SC NURSING COURSE.

All the students who have secured admission into B.Sc. Nursing Course and have been allotted Govt Nursing College, GMC Anantnag by JKBOPEE have to bring the following documents in original for admission in this institution.

1. Matriculation certificate (DOB).
2. 12th Marks Certificate.
3. Provisional cum Character/Discharge Certificate of the last attended institute.
4. Migration Certificate CBSE/College (if any)
5. Category certificate (if admission is secured in other than General Category/OM)
6. Domicile Certificate.
7. Agreement/Undertaking from 1st class Magistrate in prescribed format (**Format at Annexure-I**).
8. Affidavit from 1st class Magistrate to the effect that he/she has not joined any college/institution after passing 12th. (If any) (**Format at Annexure-II**).
9. Affidavit from 1st class Magistrate for deficient documents to be produced within 07 days (**Format at Annexure-III**)
10. Two sets of Xerox of all the documents (Self attested).
11. Four recent passport size photos with white background.
12. Medical fitness Certificate from competent authority.
13. Demand Draft for Rs. 9100/- favoring to *Principal, College of Nursing and Paramedical Sciences, GMC Anantnag.*

Note:

- The candidate will have to be physically present at the time of admission.
- The documents will be verified at the time of admission and in case of any discrepancy is found, the admission will not be granted to the student in this institute.
- The original documents will be kept with the institution till the completion of the course.

Prof. (Dr.) Junaid S Wani

Principal

Govt Medical College, Anantnag

NO: GMCA: P/Nur /2026-1308

Dated: 11.07.2026



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Prov. Enrolment No. _____ University Enrolment No. _____
University Registration No. _____

Bank Draft No.		Dated.	
BOPEE Notification No.		Dated	
Serial No of BOPEE		BOPEE Rank	
Course			

Fill in capital letters

1. Name of the student: _____
2. Father/Guardian: _____
3. Fathers Occupation: _____
4. Date of birth: _____
5. (A) Gender : _____ (B) Blood Group: _____
6. Religion: _____ (Muslim/Hindu/Sikh/Bodh/Jain/Christian)
7. (A) Selected under Category : _____
(B) Certificate issuing authority (Other than OM): _____

Photo

(C) Postal address of issuing authority _____
Pin: _____

8. Address A. Rural ☐ Urban ☐

B. Permanent: _____
Pin _____

Present Address : _____
Pin _____

9. Contact No: Personal:

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Father/Guardian:

--	--	--	--	--	--	--	--	--	--

Email address: _____ @ _____

10. 12th Examination Details:

Roll No	Max. Marks	Marks obtained	Name of Board CBSE / JKBOSE- SGR / JKBOSE- JMU / OTHERS	Year of passing	Session	Board Registration No

11. Have you joined any College/University after Passing 12th. Class

Examination : YES ☐ NO. ☐ (if Yes Enter Details as below)

- A. Name of College: _____
- B. University : _____
- C. Date of Admission : _____
- D. University registration number: _____

Signature of the Candidate



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Student Information Details

Course	
Allotted Prov. Roll No.	
S.No (BOPEE)	
Roll No. (BOPEE)	
Rank (BOPEE)	
Name of Student	
Gender	
Physically Handicapped	
Date of Birth	
Category	
Sub-Category	
Marks Obtained (10+2) (PCB)	
Max. Marks (10+2) (PCB)	
(PCB) Percentage	
Marks Obtained 10 + 2 (Eng)	
Maximum Marks 10 + 2 (Eng)	
English Percentage	
Entrance Exam Name	
Marks Obtained in Entrance Exam	
Maximum Marks in Entrance	
Entrance Exam Percentage	
Date of Admission	

Signature of the Candidate:

Date:



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1. ORIGINAL DOCUMENTS/ 2 sets of photocopies SUBMITTED (one set to be kept with candidate): (Check list) ✓ mark

1.	Matriculation Certificate (DOB)	
2.	Marks Certificate (12 th)	
3.	Domicile certificate	
4.	Discharge certificate from college/institution attended	
5.	Migration certificate CBSE	
	Migration certificate College	
6.	Category certificate (if any)	
7.	Affidavit from 1 st class magistrate to the effect that he/she has not joined any college/institution after passing 12 th if any	
8.	Undertaking from prescribed format	
9.	Bank draft for Rs 9100/ drawn in favour of Principal, College of Nursing and Paramedical Sciences, GMC Anantnag	
10.	02 No.'s of passport size photographs in addition to the pasted photographs on forms.	
11.	2 sets of photocopies of all documents(Self attested)	
12.	Medical Fitness certificate	

2. Immunized against Hepatitis B:

Yes:	No:
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Signature of the Student: _____

Date: _____



ANNEXURE-I

Agreement / Undertaking

(To be executed in presence of 1st Class Magistrate on a Non Judicial Stamp Paper)

I.....

S/o,D/o.....

R/O.....

Do hereby declare/undertake that: -

1. That I have been selected for the Course, B.Sc. Nursing session 2026-27 in College of Nursing and Paramedical Sciences, Government Medical College Anantnag vide J&K BOPEE Notification No. _____ Dated: _____.
2. That during the period of Stay in the college I shall abide by the rules and regulations prescribed by the Institute, University of Kashmir, J & K BOPEE, Govt of UT of Jammu and Kashmir issued from time to time in this behalf.
3. That I shall remain much disciplined and shall not involve myself in any kind of ragging etc.
4. That presently I am not on rolls in any institution for any course, in case it comes light later on, I shall forfeit my claim to B.Sc. Nursing Course without any notice.
5. That it shall be my endeavour to complete the course, if for any reason I leave the course halfway, I shall pay penalty under rules and will forfeit my admission fee.
6. That I assure that I will maintain more than 80% of attendance in all the theory and 100% in practical's as per mandatory requirement of the INC/University Guidelines to be eligible for final examination.
7. That I will not indulge in any kind of strike during the course, and if found, indulged EMSA shall be enacted upon me.
8. That if at any stage it is detected by the competent authority or Principal of the College concerned that I have secured admission to B.Sc. Nursing Course by fraud, concealment of facts, or misstatement, submission of fake certificates my admission to the B.SC degree course shall be treated terminated/ cancelled and I may also be debarred from seeking admission to the degree course in future and shall also be liable for criminal proceedings.
9. I also undertake to pay the fee which is fixed for the course from time to time by the competent authority.

Signature of the candidate

We affix our signatures
Hereunder as sureties

01.....

S/o,D/o.....

02.

S/o,D/o.....



ANNEXURE-II

Affidavit from 1st class magistrate

AFFIDAVIT FOR TIME GAP

I _____ S/O,D/O _____

R/O _____

Do hereby declare/undertaking that:

1. I have passed the 12th examination in the year _____ under Roll No: _____
From (Board) _____
2. That after passing the said(12th) examination I have not joined any professional/ Non-professional degree or diploma course in any institution College/University in or out side UT of J&K.
3. That i am seeking admission in first year/sem (Course) _____ session 2026-27 in College of Nursing and Paramedical Sciences, GMC, Anantnag Vide BOPEE Notification No. _____ Dated: _____ with Rank _____ and S. No. _____.
4. That in case this statement proved incorrect I shall be personally responsible for the consequences arising there upon.

Deponent



ANNEXURE-III

AGREEMENT/UNDERTAKING

In connection with my admission to the _____ course for the batch _____

I _____ s/o _____

R/O _____

Do hereby declare/undertake that:

1. I am seeking admission in (course) _____ session _____
_____ in college of Nursing and Paramedical Sciences, GMC Anantnag
vide BOPEE Notification no. _____
dated _____ with Rank _____ and S.NO _____

That my following original documents are deficient/under process at the time of joining as specified

- A) _____
B) _____
C) _____

That I hereby undertake that **I shall produce the same original documents within a period of seven days** if allowed me to join on provisional basis. Failing which I have no rights to claim for the said seat.

Kindly allow me to join on my own risk and responsibility.

Signature of the candidate

Place:

Date:



STUDENT ENROLLMENT SLIP B.SC Nursing Course

FOR

SESSION 2026-2027.

The Head of Department

1. ANATOMY
2. PHYSIOLOGY

PHOTO

The candidate namely Mr./Miss _____ S/o D/o _____ bearing this slip with provisional Roll No. _____ has been granted admission by concerned competent authorities to pursue **B.SC Nursing Course** in Govt Nursing College, Govt. Medical College Anantnag for session 2026-2027. As the student has fulfilled the initial admission formalities with the office of Coordinator, Govt Nursing College, GMC Anantnag, you are hereby requested to enrol the student in your departmental student enrolment register. Once enrolment in your department is over, kindly acknowledge and return the same with the student to the office of Coordinator, Govt Nursing College, GMC Anantnag.

Coordinator

Govt. Nursing College

GMC Anantnag

Departments	Signature	Date
HOD Anatomy		
HOD Physiology		



Demand Draft (DD) from J & K Bank in favour of:
Principal, College of Nursing and Paramedical Sciences, GMC Anantnag
For payment of Rs. 9,100/=

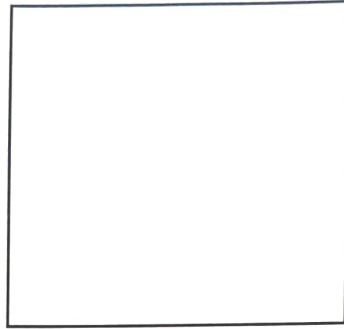
GOVERNMENT MEDICAL COLLEGE, ANANTNAG
(Camp Office: MMABM Associated Hospital Janglat Mandi Anantnag)

Demand Draft (DD) from J & K Bank in favour of:
Principal, College of Nursing and Paramedical Sciences, GMC Anantnag
For payment of Rs. 9,100/=

Medical Fitness Certificate

(To be signed by a registered medical practitioner holding a Medical Degree)

(To be submitted at the time of Admission)



I certify that I have carefully examined Mr./Ms.* _____

Son/Daughter of Shri _____ whose signature is given below. Based on the examination, I certify that h/she is in good mental and physical health and is free from any physical defects which may interfere with his/her studies including the active outdoor duties required of a professional.

Marks of Identification _____

Signature of the Candidate _____

Place

Date

Name & Signature of the Medical Officer
with seal and registration number