

Government of Jammu & Kashmir
Health and Medical Education Department
GOVERNMENT NURSING COLLEG, PULWAMA

(Email: cmo.pulwama@jk.gov.in Website: www.gmcanantnag.net Tele: 01933294470)

NOTICE

Subject: Admission to left over seats in the Allied and Healthcare Diploma Courses at Govt. Nursing College Pulwama.

Ref 1: No: SAHC-J&K/Notice/Leftover-Diploma/1/547-52 Dated: 24-09-2026

Pursuant to the notification issued by State Allied Health Care Council J&K vide referred above, applications are invited from eligible/ desired candidates for admission to left over seats in the following diploma Course at Govt. Nursing College Pulwama. Only Domiciles of the UT of Jammu & Kashmir are eligible for admission against the leftover seats.

S. No	Name of the Course	Total Seats	OM	EWS	ST1	ST2	SC	RBA
01	Laboratory Assistant (DMLT)	07	02	01	01	01	01	01

The selection of the candidates to such course shall be in accordance with the rules and regulations issued by INC & J&K Board of professional Entrance Examinations and J&K Paramedical Council/JK State Allied Health Care Council as referred above.

Important information:

1. Application Forms will be available on the GMC Anantnag Website (www.gmcanantnag.net) and on the District Pulwama's NIC website (<https://pulwama.gov.in>) from 01-10-2026 to 09-10-2026.
2. Last date for submission of duly filled application forms shall be **10-10-2026** till 03 PM
3. The application forms complete in all respects along with requisite documents and a requisite application fee amounting to Rs: 300/- (shall be deposited by the candidate against the pay-slip attached with the application form) are to be submitted in the office of the Principal Govt. Nursing College Pulwama.

No: GNC/Pul/Estt./ 880-85

Dated: 29-09-2026

Principal
Govt. Nursing College
Pulwama

Copy to the,

1. Principal Govt. Medical College Anantnag for information.
2. Chairperson, State Allied & Health Care Council, J&K for information.
3. Chief Medical Officer, Pulwama for information.
4. Joint Director Information, Kashmir with the request to kindly publish the above notification in two leading newspapers of valley for information of concerned candidates.
5. District Information Officer Pulwama with the request to kindly uploading the above notification on District NIC website for information of concerned candidates.
6. In-charge College website, GMC Anantnag for uploading the above notification on college website for information of concerned candidates.

Application Form for Allied & Healthcare Diploma Course

To be filled by Office

FORM NUMBER		Date of submission	
Fee/Bank Slip No:		DATE:	
Course Applied			

Fill in Capital letters (to be filled in candidate)

1. Name of the candidate _____
2. Father/Guardian: _____
3. Date of Birth: _____
4. Age as on 31st December 2025: _____
5. (a) Gender _____ (b) Blood Group _____
6. Religion _____ (Muslim/Hindu/Sikh/Bodh/Jain/Christan)
7. Category _____ (SC/ST-I/ST-II/OBC/RBA/EWS)
8. Permanent Address: _____
Tehsil: _____ District: _____ Pin _____
9. Present Address: _____
Tehsil: _____ District: _____ Pin _____
10. Contact Number Personal: _____
Contact Number Guardian: _____
Email address: _____ @ _____
11. Marks obtained in (10th) _____ Max-Marks _____ Percentage _____
Roll No: _____ Year of passing _____
12. Marks obtained in (12th) _____ Max-Marks _____ Percentage _____
Roll No: _____ Year of passing _____
13. Examination Details 12th Class:

Subject	Marks Obtained	Maximum Marks	Percentage

14. Documents to be submitted: (along with application Form).

1. DOB Certificate (Matric).
2. Marks Card 10th / 12th Class.
3. Domicile Certificate.
4. Category Certificate for reserved category candidates only.

Signature of Candidate

Date: _____

COLLEGE/INSTITUTION COPY

CANDIDATE COPY

JK BANK COPY

The Jammu & Kashmir Bank Ltd.
Pay in Slip for Govt. GNM School PULWAMA
(HEALTH DEPARTMENT)

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A/C Number: 0054040500040889
(Principal GNM School Pulwama)

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(Principal GNM School Pulwama)

Date: _____ T.Id/Scroll No: _____
Name: _____
S/O,D/O: _____
Address: _____
Course: _____
Received the sum of Rs: _____
in words: _____
Details of dues:
1. Admission Fee Rs: _____
2. Registration Fee Rs: _____
3. Examination Fee Rs: _____
4. Others: Rs: _____

Date: _____ T.Id/Scroll No: _____
Name: _____
S/O,D/O: _____
Address: _____
Course: _____
Received the sum of Rs: _____
in words: _____
Details of dues:
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2. Registration Fee Rs: _____
3. Examination Fee Rs: _____
4. Others: Rs: _____

Date: _____ T.Id/Scroll No: _____
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4. Others: Rs: _____

Bank Seal & Signature

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