



Pt. B.D. Sharma University of Health Sciences, Rohtak  
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Telephone: 01262-282113

No. UHSR/Acad./2021/2163

Dated: 04.03.2021

### **PUBLIC NOTICE**

This is for information of all the concerned that document verification of candidates to whom seats have been provisionally allocated and have deposited Tuition fee in the first round of counseling for admission to B.Sc (N) / Post Basic B.Sc (N) / M.Sc (N) / NPCC / BPT and Para Medical Courses for the Academic Session 2020-21 in Govt and Pvt. Institutions will be held on the dates mentioned below. All the eligible candidates must bring along with them their original documents/certificates for verification before the Admission Committee.

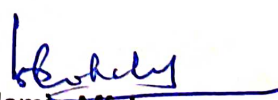
**Venue of counseling- Committee Room, Director Office, Pt. B.D. Sharma, PGIMS, Rohtak**

**The reporting time at the venue at the counseling is 09.00 AM sharp.**

Date of Documents Verification	Name of Course
06.03.2021	-M.Sc. (N) and NPCC in all Govt. & Pvt. Colleges. -Paramedical course in Govt. & Pvt. Colleges. -BPT in Govt. & Pvt. College
07.03.2021	Post Basic B.Sc. (N) in Govt. and State Quota seats of Pvt. Nursing Colleges
08.03.2021	Post Basic B.Sc. (N) (Management) in all Pvt. Nursing Colleges
09.03.2021	B.Sc. (N) in Govt. and State Quota seats of Pvt. Nursing Colleges
10.03.2021	B.Sc. (N) (Management) in all Pvt. Nursing Colleges

**Note:-**

1. All the candidates must visit the University website [www.uhsr.ac.in](http://www.uhsr.ac.in) regularly for any update.
2. No separate intimation shall be communicated to the candidates for counseling.
3. All concerned candidates should report on due date at 9.00 AM positively at the venue as stated above along with the copy of the online application form, copy of Provisional Allotment letter, Proof for deposition of Tuition fee and other certificate/documents as per notice bearing No. UHSR/Acad./A-I/2021/1470 dated 14.02.2021
4. A template of the counseling Performa that the candidate appearing for respective courses must fill up for production before the document verification committee is enclosed below.
5. All concerned candidates should bring valid photo Identity proof in original and a photocopy thereof- This is essential.

  
Dean Academic Affairs –cum-  
Chairman Admission Committee

## OBJECTION

**PT. B.D. SHARMA UHS, Rohtak**

### **Counseling performa for admission to NPCC Nursing Course-2020**

Please affix your recent passport size colour photograph which matches with the one uploaded in the online application form & sign across

1. Marks obtained in Common Entrance Test held on 14.02.2021 : .....
2. Roll No. : .....
3. Rank : .....
4. Name: ..... S/o,D/o : .....
5. Date of Birth : .....
6. Haryana Domicile (Yes/No) : .....
7. Name of Institutions from where passed B.Sc. (N)/P.B.B.Sc. (N)/B.Sc. Hons. (N) with address:  
.....
8. Regn. No. of any state nurses registration council: .....State
9. Date of issue of Regn. No. : .....
10. Total Marks obtained in B.Sc. (N)/P.B.B.Sc. (N)/B.Sc. Hons. (N) : .....out of .....
11. Percentage of Marks obtained in B.Sc. (N)/P.B.B.Sc. (N)/B.Sc. Hons. (N) : .....
12. Category : General / SC / SC(D) / BC-A / BC-B / EWS / PWBD / FF / ESM
13. Experience Detail: .....

Certified that information furnished by me as given above is correct and nothing has been concealed therein.

Signature of the Candidate  
Contact No.  
Date:

Signature of the Checking Board Member

Signature of the Chairman Checking Board



## OBJECTION

**PT. B.D. SHARMA UHS, Rohtak**

### **Counseling performa for admission to M.Sc. Nursing Course-2020**

Please affix your recent passport size colour photograph which matches with the one uploaded in the online application form & sign across

1. Marks obtained in Common Entrance Test held on 14.02.2021 : .....
2. Roll No. : .....
3. Rank : .....
4. Name: ..... S/o,D/o : .....
5. Date of Birth : ..... (cut off date 31.12.1998, 22 years or more on 31.12.2020)
6. Haryana Domicile (Yes/No) : .....
7. Name of Institutions from where passed B.Sc. (N)/P.B.B.Sc. (N)/B.Sc. Hons. (N) with address :  
.....
8. Regn. No. of any state nurses registration council: .....State
9. Date of issue of Regn. No. : .....
10. Total Marks obtained in B.Sc. (N)/P.B.B.Sc. (N)/B.Sc. Hons. (N) : .....out of .....
11. Percentage of Marks obtained in B.Sc. (N)/P.B.B.Sc. (N)/B.Sc. Hons. (N) : .....
12. Category : General / SC / SC(D) / BC-A / BC-B / EWS / PWBD / FF / ESM
13. Experience Detail: .....

**Certified that information furnished by me as given above is correct and nothing has been concealed therein.**

**Signature of the Candidate**  
**Contact No.**  
**Date:**

**Signature of the Checking Board Member**

**Signature of the Chairman Checking Board**

**OBJECTION****PT. B.D. SHARMA UHS, Rohtak****Counseling Performa for admission to B.Sc. (N), BPT & Para Medical Courses-2020**

Please affix your recent passport size colour photograph which matches with the one uploaded in the online application form & sign across

1. CET Roll No. : .....
2. Marks obtained in CET-2020 held on 14.02.2021 : .....
3. Rank : .....
4. Name: ..... S/o/D/o : .....
5. Date of Birth : ..... (cut of date 31.12.2003)
6. Haryana Domicile (Yes/No) : .....
7. Name of School (10+2) with address: .....
8. Category : General / SC / SC(D) / BC-A / BC-B / EWS / PWBD / FF / ESM
- 9.

Sr. No.	Marks Details of 12 <sup>th</sup>	Marks Obtained
1.	Marks obtained in Physics	
2.	Marks obtained in Chemistry	
3.	Marks obtained in Biology	
4.	Marks obtained in Math	
5.	Marks obtained in English	
6.	Total marks obtained in Phy+Che+Bio	
7.	Total Marks obtained 12 <sup>th</sup> (Pass/Fail/Reappear)	

**Certified that information furnished by me as given above is correct and nothing has been concealed therein.**

**Signature of the Candidate**  
**Contact No.**  
**Date:**

**Signature of the Checking Board Member**

**Signature of the Chairman Checking Board**

## OBJECTION

**PT. B.D. SHARMA UHS, Rohtak**

**Counseling performa for admission to P.B.B.Sc. Nursing Course-2020**

Please affix your recent passport size colour photograph which matches with the one uploaded in the online application form & sign across

1. Marks obtained in Common Entrance Test held on 14.02.2021 : .....
2. Roll No. : .....
3. Rank : .....
4. Name: ..... S/o,D/o : .....
5. Date of Birth : .....(cut off date 31.12.1999, 21 years or more on 31.12.2020)
6. Haryana Domicile (Yes/No) : .....
7. Name of Institutions from where passed GNM with address: .....
8. Regn. No. of any state nurses registration council: .....State
9. Date of issue of Regn. No. : .....
10. Total Marks obtained in GNM Course : .....out of .....
11. Percentage of Marks obtained in GNM Course : .....
12. Category : General / SC / SC(D) / BC-A / BC-B / EWS / PWBD / FF / ESM

**Certified that information furnished by me as given above is correct and nothing has been concealed therein.**

**Signature of the Candidate**  
**Contact No.**  
**Date:**

**Signature of the Checking Board Member**

**Signature of the Chairman Checking Board**