

## DR. BHUBANESWAR BOROOAH CANCER INSTITUTE

TATA MEMORIAL CENTRE
A GRANT-IN-AID INSTITUTE OF DEPARTMENT OF ATOMIC ENERGY,
GOVT. OF INDIA
GOPINATH NAGAR, GUWAHATI-781016
ASSAM, INDIA

No. BBCI-TMC/Aca/Pt-III/ 2815 /2023

Date: 29/09/2023

## Admission Notification 2023 for M. Sc. Nursing Course

Applications are invited from the candidates who have appeared in Common M. Sc. Nursing Entrance Examination, 2023 conducted by SSUHS, held on 2nd July, 2023 and has been shortlisted in order merit list for admission at Dr. B. Borooah Cancer Institute, Guwahati – 781016.

Course : M. Sc. Nursing in Medical Surgical Nursing (Oncology Nursing)

Affiliated to: Srimanta Sankaradeva University of Health Sciences, Assam.

| Course details        | <ul> <li><u>Two-years "M.SC. NURSING"</u> is a post-graduate degree which will be awarded by the Srimanta Sankaradeva University of Health Sciences.</li> <li>The course will be conducted at the Dr. B. Borooah Cancer Institute.</li> </ul>   |
|-----------------------|---|
| Total seats           | • 10 (UR- 5, OBC- 1, ST(P)- 1, ST(H)- 1, SC-1, EWS-1)   |
| Admission<br>Criteria | <ul> <li>Candidate will be selected purely based on Merit as per Result of Common<br/>M. Sc. Nursing Entrance Examination, 2023 conducted by SSUHS, held on<br/>2nd July, 2023</li> </ul>   |
| Application process   | <ul> <li>Interested candidates may submit duly filled the given form and self-attested required documents as attachment in PDF format to bbcischoolofnursing@gmail.com.</li> <li>Please visit www.bbcionline.org &gt; Bulletin &gt; admission, to download prospectus for details</li> <li>The Hardcopy of application along with Copies of all relevant certificates and documents are required to bring at the time of Verification of original documents and Admission.</li> <li>Application will be rejected if the candidate provides incorrect/ false information in the application form. No Correspondence in this regard will be entertained.</li> </ul> |
| Fees                  | Annual College tuition fee will be charged Rs.50, 000/- per year.   |
| Stipend               | The students may be given stipend under consideration, subject to approval as per TMC policy with applicable terms and condition.   |
| Accommodation         | <ul> <li>Selected candidates will be provided hostel accommodation subject to availability.</li> <li>Refundable deposit of Rs.5,000/- for hostel accommodation will have to be paid to avail this facility. Hostel charges will be applicable as per BBCl rule.</li> </ul>  |

| Library facility | Refundable deposit of Rs.5000/- for Library will have to be paid.  |
|------------------|--|
| Help Desk        | Kindly mail bbcischoolofnursing@gmail.com. for any query.  |
| Terms            | <ul> <li>During the course, the student shall not apply for any post or any other courses / P.G. studies or appear for any examination or interview outside or if applied before start of the training, the candidate has to give proper information to this institution.</li> <li>Candidates leaving the course midway the total 2 years course fee &amp; stipend paid will be recovered with penal interest will be forfeited.</li> <li>All candidates must submit a certificate from Allopathy Medical Doctor confirming the health status (Physical &amp; Mental) of the candidate.</li> </ul> |
|                  | The decision of the Director - Dr. B. Borooah Cancer Institute, shall be   |
|                  | final and binding  |

## IMPORTANT DATES FOR ADMISSION 2023 FOR M. SC. NURSING

- Last date of Application: 06/10/2023, Friday
- Date of Publication of Selection List: 10/10/2023, Tuesday (Notice Board of the Institute/Website)
- Verification of original documents and admission: 17/10/2023, Tuesday.
- Commencement of classes: Will be notified later on.

Director

Dr. B. Borooah Cancer Institute,

Guwahati

| <b>Application</b> | Form No.: |  |
|--------------------|-----------|--|
|                    |           |  |



## **Dr Bhubaneswar Borooah Cancer Institute**

A Grant-in-Aid Institute of Dept. of Atomic Energy, Govt. of India and a Unit of Tata Memorial Centre (Mumbai)

Guwahati-78101

| 1. | Name of the                 | course applied for :  |              |                |        |                      | Affix your report   |
|----|-----------------------------|-----------------------|--------------|----------------|--------|----------------------|---|
| 2. | Marks obtain                | ned BSc. Nursing / C  | SNM/ PBB     | Sc. Nursing:   |        |                      | Affix your recent<br>passport size photograph<br>here with your<br>signature across |
| To | tal Marks:                  |                       |              | Percentage:    |        |                      |   |
| 3. | a) Title Pr                 | referred (Tick and on | e in the app | propriate box) |        |                      |   |
|    | Mr.                         | Mrs.                  | Ms.          |                |        |                      |   |
|    | b) First N<br>(Block Letter | ame s)                |              |                |        |                      |   |
|    | c) Middle<br>(Block Letter  | Name s)               |              |                |        |                      |   |
|    | d) Last Na<br>(Block Letter |                       |              |                |        |                      |   |
| 4. | Date of Birth               | :                     |              |                | Sex:   | Male                 | Female  |
|    |                             | (DD/                  | MM/YYYY)     |                |        |                      |   |
| 5. | Category:                   | ,                     | ,            |                | nality | •                    |   |
| 6. | Permanent A                 |                       |              |                | ·      |                      |   |
|    | Village/Town                | n Area :              |              |                |        | P.O                  |   |
|    |                             |                       |              |                |        |                      |   |
|    | Pin                         | , State_              |              |                | Mob    | ile No               |   |
| 7. | Present Addr                | ess:                  |              |                |        |                      |   |
|    |                             | lian's Name :         |              |                |        | •                    |   |
|    |                             | Area :                |              |                |        | P.O                  |   |
|    | District                    |                       | <u> </u>     | P.S            |        |                      |   |
|    |                             |                       |              |                | iie No | )• <u> </u>          |   |
| 8. | Academic Qu                 | ualification :        |              |                |        |                      |   |
|    | Name of                     | Board / College/      | Year         | Division /C    | Class  | % marks              | Aggregate Marks   |
|    | Examination                 | University            | 1001         |                |        | / <b>U</b> III II II | in<br>General Course  |
|    | H.S                         |                       |              |                |        |                      | General Course  |
|    | B.Sc.                       |                       |              |                |        |                      |   |
|    | Othora                      |                       |              |                |        |                      |   |

|                   | Preference  |                                    |
|-------------------|---|------------------------------------|
| a]                | One year Post Basic Diploma in Oncology Nurs  | sing Programme                     |
| b]                | Two years M.Sc. Medical Surgical Nursing (On  | cology Speciality)                 |
| СНІ               | ECKLIST OF DOCUMENTS ATTACHED   |                                    |
| c) d) e) f) g) h) | PASSPORT SIZE PHOTO ADDRESS PROOF AGE VERIFICATION CERTIFICATE MARK-SHEET OF QUALIFYING EXAM PROOF OF PAYMENT | HE OR SHE MUST                     |
|                   | FROM THE EMPLOYER.  |                                    |
| Decl              | laration by Applicant:  I declare that the information given above i  | is correct and complete to the has |