UNION TERRITORY OF JAMMU & KASHMIR
GOVERNMENT MEDICAL COLLEGE & ASSOCIATED HOSPITAL, KATHUA
Phone No.:- 01922-295586 Email: kathuagmc1@gmail.com

Subject: Admission notification to left over seats for GNM for the session 2026-27 in Government Medical College, Kathua and Invitation of applications there-of.

Reference: JKNC-26/157/1400-1409 dated 11.09.2026

NOTICE

In pursuance to the notification issued by State Allied and Healthcare Council, J&K, applications are hereby invited from eligible / desirous candidates for admission to left over seats in the following GNM Course at Government Medical College, Kathua.

S. No.	Name of the Course	Seats Vacant
1	GNM	03
2	GNM Lateral Entry	02

The selection of the candidates to such courses shall be in accordance with the rules and regulations issued by the Government and as notified by J&K Board of Professional Entrance Examination from time to time.

Important information:-

1. Application form is attached with this notification and candidates have to fill the application form along with all requisite documents as mentioned below and submit the same in student section of Government Medical College, Kathua w.e.f 16.09.2026.
2. 10th Marks sheet and Diploma.
3. 12th Marks sheet
4. Domicile certificate issued by the competent authority.
5. Category certificate, if any.
6. An Application fee of Rs. 500/- shall be deposited at the time of submission of application form in student section of Govt. Medical College, Kathua.

Last date of submission of application form shall be 22.09.2026 by 4:00 PM.

16.09.26

Dr. Surinder K Atri
Principal
Govt. Medical College, Kathua

Principal
Govt. Medical College
Kathua

NO: GMCK/UG/2026/904
Dated: 16-09-2026

Copy for information to the:-

1. Commissioner/Secretary to the Govt. H&ME J&K for kind information.
2. Secretary, J&K BOPEE for kind information.
3. Chairman, State Allied Health Care Council, J&K, for information.
4. Registrar J&K Paramedical /Nursing Council for information.
5. Chief Accounts Officer, Govt. Medical College Kathua for information.
6. Medical Superintendent, Associated Hospital, GMC Kathua
7. In-charge Website Govt. Medical College, Kathua.

Check List of Documents & Undertaking

(Admission to GNM Course in Govt. Nursing College, Kathua session 2026-27)

S. No.	Documents	Status/Remarks
1.	Particulars of Student **(Annexure-I)**	
2.	Domicile Certificate	
3.	Date of Birth Certificate (10th Diploma/Marks Card)	
4.	Marks Certificate of 10th/12th	
5.	Proof of Identity (Aadhaar Card)	
6.	Transfer & Migration /Provisional Certificate	
7.	Category Certificate (If Any)	
8.	Income Certificate of Parents from all sources in case of EWS, Poor & Backward Class	
9.	Character Certificate issued from School/Gazetted Officer	
10.	Affidavit by student regarding abiding rules & regulations of Institution **(Annexure-II)** **(issued by 1st Class Magistrate/ Notary)**	
11.	Medical Fitness Certificate **(Annexure-III)**	
12.	Online Anti-Ragging Affidavit by Student and Parent (To be filled online by student)	
13.	Admission Fee **(GNM=Rs. 9000/-** Note: Deposit the fee to this account through Online Mode and Enclose the Transaction Proof. **Account No.:** 1230010200000034 **IFSC Code:** JAKA0OLDBUS	
14.	Five Recent Passport Size Photographs	
15.	Self Attested two sets photocopies of above documents	
16.	Original Set of Academic Qualification and other documents (Wherever Applicable)	
17.	Dak Pad 01 (For purpose of safeguarding documents)	
18.	Verification of above documents by the Admission Committe	
19.	Gap Affidavit (If Any) **(issued by 1st Class Magistrate)**	

Signature of the Student with Date

RAGGING IS PROHIBITTED IN THIS INSTITUTION

Annexure-I

(Particulars of the Candidate seeking admission to GNM Course in Govt. Nursing College, Kathua for the session 2026-27)

1.	BOPEE Notification NO:		Dated		Affix your photograph here and self attest
2.	Name of the Student				
3.	Mother's Name				
4.	Father's Name				
5.	Date of Birth				
6.	Aadhaar Card No.				
7.	Present Address				
8.	Permanent Address				
9.	Mobile No. (Student)		Mobile No. (Parents)		
10	Email (Student)		Email (Parents)		
11	Religion		Caste		
12	Domicile Certificate No.		Date of issuance:		
13	Domicile District		Sex/ Gender		
14	Father's Occupation		Mother's Occupation		

Academic Qualification

12th	University /Board	Roll No.	Year of Passing	PCB Marks		English Marks		Total Marks 12th		12th %age
				Max.	Obtained	Max	Obtained	Max.	Obtained	

10th	University /Board	Roll No.	Year of Passing	Total Marks 10th		10th % age
				Max.	Obtained	

BOPEE Roll No.	BOPEE Score	BOPEE Rank	State Rank	Selection Category	BOPEE Percentage

Signature of the Student with Date

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Annexure-II

AFFIDAVIT

I _____ S/o, D/o _____ R/o _____ do

hereby solemnly affirm and declare on oath as under:-

6. That I have passed 10th/12th examination under Roll No. _____ from CBSE/JKBOSE in year _____.
7. That after passing my 10th/12th and now I have been selected for GNM Course in Government Nursing College, Kathua.
8. That I will maintain the discipline during my studies of GNM course in Govt. Nursing College, Kathua as well as in Hostel/ Campus.
9. That I will not indulge in any anti-social activities and will abide by terms and conditions and maintain the decorum and discipline of the college.
10. That I am soliciting this affidavit for reference and records of the concerned authority.

Deponent

Verification:-

That the contents of the affidavit are true and correct to the best of our knowledge and belief, no part of it is false or wrong, hence verified at Kathua on _____.

Deponent

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Annexure-III

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 he/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

* Strike whichever is not applicable.