



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

Subject: Provisional Selection list of left over seats in GNM Lateral Entry Course, Govt. Nursing College, Kathua for the session 2026-27.

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

NOTICE

Whereas after various rounds of admissions cum counselling conducted by JKBOPEE for the GNM lateral entry course in Govt. Nursing College Kathua for the session 2026-27, 02 seats were left vacant.

Whereas advertisement/admission notifications were issued vide this office letter nos. GMCK/UG/2026-27/904 dated 16.09.2026, GMCK/UG/2026-27/942 dated 26.09.2026, GMCK/UG/2026-27/1044-47 dated 22.10.2026 and GMCK/UG/2026-27/1073-1075 dated 25.10.2026.

Whereas no suitable candidate found through aforementioned advertisements

Whereas 02 seats are left vacant under the categories as mentioned below

S.No	Name of the course	Seats vacant	Category-wise breakup
01	GNM Lateral Entry	02	OM-01 EWS-01

Whereas as per J&K Reservation Act 2004 clause 9 sub section 2, it is mentioned that

"provided also that the seats in any reserved category, which cannot be filled for want of candidates belonging to that category, shall be filled from the candidates belonging to Open merit category."

Now, therefore in view of above, following 02 candidates from OM category under aforementioned clause are hereby given opportunity for admission into GNM Lateral Entry Course in Govt. Nursing College, Kathua for the session 2026-27.

S. No	Name of the candidate	Parentage	FMPH W-I	FMPHW -II	Total	Category	Category SLI
01	Shalini	Balbir Chand	278	281	559	SC	OM/SC
02	Sonam Sharma	Shashi Paul	266	276	542	OM	OM

Important information for candidates: -

1. Candidates shall join the institute by **28.10.2026 by 4:30 pm** in the office of Principal, GMC Kathua without fail for admission formalities.
2. Admission shall be provisional and subject to the fulfilment of criteria/guidelines issued by JKBOPEE and J&K Nursing Council and Department of Health and Medical Education.
3. The provisionally selected candidates are required to produce all relevant original documents such as DOB, Domicile certificate, marks cards, provisional-cum character certificate etc. at the time of admission.
4. The admission form along-with the requires affidavits, Annexures and Medical Fitness Certificates are attached with this notice.
5. Failure to produce the required original documents and complete the admission formalities within the stipulated time shall result in cancellation of provisional selection.


(Dr. Surinder Kumar Atri)
Principal
Govt. Medical College,
Kathua

No: GMCK/UG/2026-27/1092 - 1095

Dated: 27.10.2026

Copy to the : -

1. Commissioner/Secretary to the Government, Health & Medical Education Department, Civil Secretariat, Jammu, UT of J&K for favour of information.
2. President, J&K Nursing Council Jammu, J&K for information.
3. I/C website to upload on College website.
4. Office file.

Check List of Documents & Undertaking

(Admission to GNM and B.Sc Nursing 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 (10 th Diploma/Marks Card)	
4.	Marks Certificate of 10 th /12th	
5.	Provisional Allotment Letter of JK BOPEE	
6.	Admit Card of GNM/B.Sc Nursing issued by BOPEE	
7.	BOPEE Result/Merit Rank issued by BOPEE	
8.	Proof of Identity (Aadhaar Card)	
9.	Transfer & Migration /Provisional Certificate	
10.	Category Certificate (If Any)	
11.	Income Certificate of Parents from all sources in case of EWS, Poor & Backward Class	
12.	Character Certificate issued from School/Gazetted Officer	
13.	Affidavit by student regarding abiding rules & regulations of Institution (Annexure-II)	
14.	Medical Fitness Certificate (Annexure-III)	
15.	Online Anti-Ragging Affidavit by Student and Parent(To be filled online by student)	
16.	Admission Fee (GNM=Rs. 9000/-) (B.Sc. Nursing=Rs. 11530(For JK Bose & Rs.12,650 for other than JK Bose) Note: Deposit the fee to this account through Online Mode and Enclose the Transaction Proof. Account No.: 1230010200000034 IFSC Code: JAKA0OLDBUS	
17.	Five Recent Passport Size Photographs	
18.	Self Attested two sets photocopies of above documents	
19.	Original Set of Academic Qualification and other documents (Wherever Applicable)	
20.	Dak Pad 01 (For purpose of safeguarding documents)	
21.	Verification of above documents by the Admission Committee	
22.	Gap Affidavit (If Any)	

Signature of the Student with Date

RAGGING IS PROHIBITED IN THIS INSTITUTION

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/B.SC Nursing in Government Nursing College, Kathua.
8. That I will maintain the discipline during my studies of B.SC Nursing 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 _____.

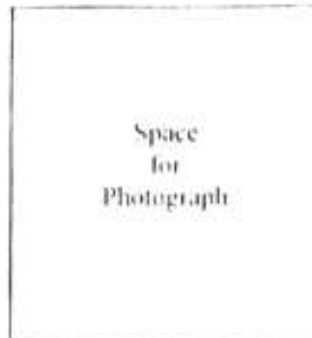
Deponent

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.