



COLLEGE OF NURSING
VMMC & SAFDARJUNG HOSPITAL
NEW DELHI

Date: 11.08.2026

List of required Documents at the time of reporting at College of Nursing, VMMC & SJH for the B.Sc. (H) Nursing admission for the year 2026-27 via MCC Counselling

All candidates who have secured admission into B.Sc. (H) Nursing and who have been allotted College of Nursing, VMMC & Safdarjung Hospital by MCC, DGHS have to bring following original documents with **2 sets of self-attested photocopies for the purpose of admission. These original documents will be physically verified by the Institute and will be kept with the institution till the completion of the course.

1. Provisional Allotment letter issued by MCC
2. NEET Score card
3. NEET Admit Card
4. Class 10th Certificate
5. Class 10th Mark sheet
6. Class 12th Certificate
7. Class 12th Mark sheet
8. Six passport size photographs and five stamp size photographs
9. Character certificate from any Gazetted Officer (within six months to date of admission)
10. Medical Certificate as per enclosed format from any Govt. Hospital/Dispensary/Health Centre.
11. Identity proof (Aadhaar Card, Voter Card)
12. Certificate from Competent Authority on prescribed form if belonging to reserve category (SC/ST/OBC/EWS/CW/PWD)
13. Migration Certificate / Transfer Certificate
14. Undertaking by Parent / Guardian and Student (Anti Ragging) as per enclosed format
15. Gap Affidavit (if applicable)
16. PWD Certificate for physically challenged candidates, as per guidelines, (if applicable).

****Note: Bring two (02) sets of Photocopy of all the above documents at the time of Admission**

Note: The candidate and their documents will be physically verified by the Institution at the time of admission, and if any discrepancy is found, the seat allotted and the admission will be cancelled.

The fee should be deposited online and the transaction details have to be submitted to the College at the time of admission.

- Only the candidate will be allowed in the Counselling Room. Candidates have to report for admission between 10 a.m.-02 p.m. on Week days & 10 a.m.-12 noon on Saturday in College of Nursing, VMMC & Safdarjung Hospital near Girls Hostel.

Bhavesh
11/08/2026
Principal, College of Nursing

Email ID- sjhcollegeofnursing08@gmail.com & con.principal@vmmc-sjh.nic.in

Telephone No.-011-26175521/011-26730389

MRS. BHAVESH KUMAR
PRINCIPAL
COLLEGE OF NURSING
VMMC & SAFDARJUNG HOSPITAL
NEW DELHI - 110029

COLLEGE OF NURSING
VMMC & SAFDARJANG HOSPITAL
NEW DELHI

Dated: 11.08.2026

• **FEE STRUCTURE FOR B.Sc. (H) NURSING 1st YEAR ACADEMIC YEAR 2026-27**

S.No.	Fee Detail	Amount (In Rs.)
1	University fee	23,500/- per annum
2	College fee	5,625/- per annum
3	Security amount	10,000/- (Refundable after the course completion)
4	Alumni Contribution fund	2,000/- (Once in 1st year only)
	Total Amount	41,125/-

Note: The fee has to be submitted online and the transaction detail has to be submitted to the college at the time of admission through email/ physically

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NEW DELHI

Dated:11.08.2026

Guidelines for B.Sc. (H) Nursing Admission 2026 (1st Round of Counselling) :

- Only the candidate will be allowed in the Counselling Room.
- No seating arrangement will be made for the Parents/ Relatives/ Guardian within College of Nursing. Candidate has to report for admission at College of Nursing, VMMC & Safdarjung Hospital near MBBS Girls Hostel.

DAY	DATE	Time
Tuesday	18.08.2026	10:00 AM – 02:00 PM
Wednesday	19.08.2026	10:00 AM – 02:00 PM
Thursday	20.08.2026	10:00 AM – 02:00 PM
Friday	21.08.2026	10:00 AM – 02:00 PM
Saturday	22.08.2026	10:00 AM – 12:00 NOON

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11/08/2026
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Appendix 4

MEDICAL CERTIFICATE
(FOR THE ACADEMIC SESSION 2026-27)
(TO BE SUBMITTED AT THE TIME OF COUNSELLING/ADMISSION)**

Photograph
duly attested by
the officer who
has certified
this certificate

I certify that I have carefully examined Shri/Km/Smt.* _____ son/ daughter/wife of
Shri/Smt.* _____ 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. Visible Mark of Identification

Signature of the Candidate _____

Place :

Date :

Name & Signature of the
Medical Officer with Seal and
Registration Number

* Strike whichever is not applicable.

** To be signed by a Registered Medical Practitioner holding a Medical degree.

Note : Use photocopy of this Form

Appendix 6

UNDERTAKING BY THE STUDENT WITH RESPECT TO ANTI RAGGING

I, _____ S/D of Mr./ Mrs. /Ms. _____ ,
having been admitted to Programme/Stream _____ , at
(Institute/College) _____ have read UGC Regulations on Curbing the Menace of
Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") and fully understood the
provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 5 and clause 6.1 of the Regulations and am fully aware of the penal and
administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or
passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the
Regulations.

b) I will not participate in or abet or propagate through any act of commission or omission that may be
constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the
Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any
law for the time being in force.

6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on
account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that,
in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this ____ day of _____ month of _____ year.

Signature of deponent

Name:

Address:

Telephone/Mobile No.

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false
and nothing has been concealed or misstated therein.

Verified at _____ on this the ____ of _____.

Signature of deponent

Appendix 7

UNDERTAKING BY PARENT/GUARDIAN WITH RESPECT OF ANTI RAGGING

- I, Mr./Mrs./Ms. _____ (full name of parent/guardian)
father/mother/guardian of, (full name of student with admission/registration/enrolment number), having been
admitted to _____ (name of the institution), have read UGC Regulations on
Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") and
fully understood the provisions contained in the said Regulations.
- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 3) I have also, in particular, perused clause 5 and clause 6.1 of the Regulations and am fully aware of the penal and
administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging,
actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that
- a) My ward will not indulge in any behave our or act that may be constituted as ragging under clause 3 of
the Regulations.
- b) My ward will not participate in or abet or propagate through any act of commission or omission that
may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the
Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law
or any law for the time being in force.
- 6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country
on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm
that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this ____ day of _____ month of ____ year.

Signature of deponent

Name:

Address:

Telephone/Mobile No.:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false
and nothing has been concealed or misstated therein.

Verified at _____ on this the of _____,

Signature of deponent