



रीजनल इंस्टिट्यूट ऑफ पैरामेडिकल एंड नर्सिंग साइंसेज़ REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCES

(स्वायत संस्थान, अधीनस्थ स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार) (An autonomous Institute under Ministry of Health & Family Welfare, Govt. of India) जेमाबोक, आइजोल, मिज़ीरम - 796017 Zemabawk, Aizawl, Mizoram - 796017

Phone: 0389-2350521 e-mail: admin@ripans.ac.in

No.T.11011/1/2022-RIPANS//06

Dated Aizawl, the 23th June, 2023

To,

Director of Health Services/Medical Education/Technical Education Govt. of Arunachal Pradesh, Assam, Manipur, Meghalaya, Nagaland, Sikkim, Tripura

Subject:

Notification on Commencement of Admission and classes for the Academic

Session 2023-2024 at RIPANS, Aizawl.

Sir,

This is to notify that the online admission for the first semester in various Under Graduate Programs conducted at RIPANS for the Academic Session 2023-2024 will be opened during 21^{st} – 30^{th} July, 2023.

Selected candidates should visit the Institute website **www.ripans.ac.in** for filling up of Admission Form and payment of fees.. Physical verification of original documents, payment of fees and Hostel admission will be held between 31st July – 4th August, 2023. Classes will commence from 7th August, 2023.

Kindly forward list of selected candidates by email at admin@ripans.ac.in at the earliest to enable us to check the genuineness of the candidates. While forwarding the names of students nominated by your State Government, kindly specify whether the candidate belongs to Gen/SC/ST/OBC, etc. and clearly provide valid contact details (Mobile No. and Email ID) in the seat allotment order of each student. Further, you are requested to strictly follow Govt. of India seats reservation policy for PWD/OBC/SC/ST etc. candidates during the selection process.

Scanned copy of the following documents should be uploaded at the time of admission:-

- i) Seat allotment order
- ii) Medical Fitness Certificate (only prescribed form should be used which is available for download. Copy enclosed for wide circulation to selected candidates)
- iii) HSLC Marksheet & Certificate
- iv) HSSLC Marksheet & Certificate.
- v) ST/SC/OBC Certificate
- vi) Permanent Residential Certificate
- vii) Aadhaar Card/Voters ID Card/ Passport/Driving Licence
- viii) Recent colour passport size photograph

For more information and latest update, the candidates may visit Institute websitewww.ripans.ac.in. Kindly inform detailed admission procedure of the Institute to all selected candidates. Seats allocation for your State with entry qualifications for all courses is once again specified under:-

Sl.No	Course	No. of seats	Course duration	Entry Qualification
1	B.Sc-Nursing	3+1*	4 years	10+2 passed in Science stream with a minimum
2	B.Sc-MLT	3	4 years	aggregate of 50% marks in PCB and English and must have passed in all subjects. Relaxation of marks by
3	B.Optometry	3	4 years	5% for the candidates belonging SC/ST/OBC is
4	B.Sc-RIT	3	4 years	admissible.
5	B.Pharm	3	4 years	Admission Regulation specified the Admission in the Degree in Pharmacy shall be 10+2 passed in Science stream with a minimum aggregate of 50% marks in PCB/PCM and English or Dip. In Pharmacy with a minimum aggregate of 50%. Relaxation of marks by 5% for the candidates belonging SC/ST/OBC is admissible.
	Total	16		

^{*1} seats in B.Sc-Nursing is subject to approval by Indian Nursing Council & Mizoram Nursing Council

Thanking you.

Yours faithfully,

(डॉ. संजय डी. सावंत/Dr. SANJAY D. SAWANT)

निर्देशक/Director ३/५

रीजनल इंस्टिट्यूट ऑफ पैरामेडिकल/Regional Institute of Paramedical

& नर्सिंग साइंसेज़/Nursing Sciences आइज़ोल : मिज़ौरम/Aizawl:Mizoram

Memo. No.T.11011/1/2022-RIPANS//06-A

Dated Aizawl, the 27th June, 2023

Copy to:

- 1. Principal/All HoD's / Coordinator, Examination & Admission for information and necessary action.
- 2. System Engineer for information and necessary action
- 3. Superintendent, Boys & Girls Hostel for information and necessary action.
- 4. A.O/F.O for information for information and necessary action.
- 5. P.A to Director.

(डॉ. संजय डी. सावंत/Dr. SANJAY D. SAWANT) क्रीप्र निर्देशक/Director

रीजनल इंस्टिट्यूट ऑफ पैरामेडिकल/Regional Institute of Paramedical

& नर्सिंग साइंसेज़/Nursing Sciences आइज़ोल : मिज़ौरम/Aizawl:Mizoram

CERTIFICATE OF MEDICAL FITNESS

(To be submitted at the time of admission)

MsSon/Daughter of Shri Resident of At the time of examination/he/she is clinically in good mental and physical health, does not suffer from any communicable disease, and is free/not free from any defects which may interfere with his/her studies including the active duties required of a professional. Marks of Identification: Signature of the candidate: Place : Date : Address of the Registered Medical Practitioner Registration No. Seal of Registered Medical Practitioner Date :	This is to certify that I have conducted clinical examination of						
Resident of At the time of examination/he/she is clinically in good mental and physical health, does not suffer from any communicable disease, and is free/not free from any defects which may interfere with his/her studies including the active duties required of a professional. Marks of Identification: Signature of the candidate: Place : Date : Signature	Ms						
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Place : Date : Address of the Registered Medical Practitioner Signature Name Registration No. Seal of Registered Medical Practitioner	Marks of Identification:						
Date : Address of the Registered Medical Practitioner Name Registration No. Seal of Registered Medical Practitioner	Signature of the candidate:						
Address of the Registered Medical Practitioner Name	Place :						
Name Registration No. Seal of Registered Medical Practitioner Date:	Date :						
Registration No. Seal of Registered Medical Practitioner Date:	Address of the Registered Medical Practitioner	Signature					
Seal of Registered Medical Practitioner Date :		Name					
Date :		Registration No.					
2. Compulsory Vision Test :	Date :	Seal of Registered Medical Practitioner					
	2. Compulsory Vision Test :						
Visual Acuity : <							
Colour Vision : <							
Address of the Opthalmologist/Optometrist Signature	Address of the Opthalmologist/Optometrist	Signature					
Name		Name					
Registration No.		Registration No.					
Seal of Opthalmologist/Optometrist Date :	Date :	Seal of Opthalmologist/Optometrist					

Note:

Medical Certificate granted by a qualified medical practitioner holding at least MBBS Degree and registered with Medical Council of India, shall only be valid. The date of issue of the Medical Certificate should be within **one year** for the date of application.