

APPLICATION FOR ADMISSION

NURSING:

1. B.Sc. N
2. GNM
3. ANM

PHARMACY:

1. D. PHARM
2. DMLT

ALLIED MED. SCIENCE

1. EMT
2. OT
3. First Aid
4. ECG

For office use only

Received by Post/ Hand _____

Serial No. _____

Date of receipt of the form _____

Admitted / Not Admitted

Sign of receiving officer

APPLICANT INFORMATION

01 - Name of Student (in capital) : _____

02 - Father's Name : _____

03 - Mother's Name : _____

04 - Date of Birth : _____

05 - Age on Admission date : _____

06 - Sex : Male / Female 07- Married / Unmarried

08 - Religion : _____ 09- Whether belongs to SC/ ST/ OBC/ SEBC/ UR

10- State of Domicile : _____ 11- Nationality: _____

12- Permanent Address: _____

Mob: _____

13- Present Address: _____

Mob: _____

14- Occupation of Father / Guardian: _____

15- Disability/ Physical deficiencies, if any _____

16- Academic History of Candidate

Exam Passed	Name of Board / University	Year of Passing	Mark Obtained	Total Marks	%	School / College from which appeared	Class / Division

17- Previous and present professional experience (copy attach)

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18- Declaration of Applicant.

I declare that the particulars furnished in this form are true to the best of my knowledge.

I Sri / Smt / Kumari _____ an applicant for admission in to the _____ course during the session _____ do hereby declare that I am not a Govt. Servant, if subsequently it is detected my name shall be struck off the School / College Roll without any objection.

Date:

Full Signature of the Candidates

Place:

19- Undertaking given by the parent / legal guardian in respect of a student as the time of his admission in to the college / School.

Undertake to see that my son / daughter / ward abides by the rules of the institution. I also undertake that should his / her conduct be found unsatisfactory and violating any rules framed by the authority or / on their behalf it will be deemed to be enough to permit the removal of my son / daughter / ward's name from the institution Register.

Signature of the Candidates

Signature of the Parent / Legal Guardian

Date:

Date:

Place:

Place:

20. Undertaking for Hostel Admission.

Given by the legal guardian in respect of a student who is admission in to the Hostel.

Undertake to see that my son / daughter / ward abides by the rules of the institution hostel. I also undertake that should his / her conduct be found unsatisfactory and violating any rules framed by the authority or / on their behalf it will be deemed to be enough to permit the removal of my son / daughter / ward's name from the institution & hostel Register.

Signature of the Candidates

Signature of the Parent / Legal Guardian

Date:

Date:

Place:

Place: