



ADMISSION FORM

B.Sc. Nursing

ID No.
 (For office use)
 Applied for session

Application No.
 (For office use)



1. Name of the applicant:

2. Name of Father :

3. Name of Mother :

4. Date of Birth (DDMMYYYY) : 5. Gender : Male Female

6. Category : Gen OBC SC ST Other

7. If Other, please specify :

8. Nationality :

9. Present Address :

10. Permanent address :
(If different from above)

11. Email :

12. Mobile :

13. Academic Qualification:

Sl. No.	Education	Name of Board / Council	Month and Year of Passing	Class / Grade Obtained	% Marks

14. Please ensure that the following documents **(in original)** are attached along with the application form without which the application will be rejected.

1. Class X / 10th

- Mark Sheet
- Original / Provisional Certificate
- Admit Card

2. Class XII / 10+2

- Mark Sheet
- Original / Provisional Certificate
- Admit Card
- Character Certificate from the institution
- Transfer Certificate
- XI Registration/Migration Certificate

CERTIFICATE OF UNDERTAKING TO BE SIGNED BY THE APPLICANT

1. I confirm that the information given by me in this application is true to the best of my knowledge.
2. I have read and understood the full requirement of the course, eligibility criteria and other information indicated in the prospectus and that I am medically fit to undergo the course.
3. In the event of any misinformation provided, I understand and fully agree that the institute may reject my application with no refund of fees incurred.
4. I hereby declare that once my admission is confirmed in this institution, I shall not discontinue the course or seek admission to any other Government or Private College before completing the programme. In the event that I leave or discontinue the course for any reason, I undertake to pay the full course fee for all 8 semesters and clear all dues before obtaining any certificates, documents, or other clearances from the institution.

Place : _____

Date : _____

(Signature of Parent/Guardian)

(Signature of Applicant)