Form No.

Nij Sindurighopa

email.....



# ARYA NURSING COLLEGE

Phone: 7896049792/93, 9864043684

email.....

Fax: (0361) 2608262 Changsari, Kamrup (R) Email: aryanursingacademy@yahoo.co.in Pin: 781101 Course applied: B.Sc. (Nursing) Post Basic B.Sc. (Nursing) (For office use only) Reg. No.:.... Details of payment..... All columns are to be filled up 1. Full Name of the applicant (Block Letter) 2. Date of Birth Sex 3. Father's details (Block letter) Mother's details (Block letter) Name.... Name. Occupation..... Occupation..... Annual Income..... Annual Income..... 4. Permanent address (Block Letter) 4. Present address (Block Letter) ..... .....Ph. No..... .....Ph. No.....

5. Name and	Address of Guardian	(if applicable)					
				••••••	••••••	••••	
			•••••	••••••	•••••	••••	•••••
Relation	Relation						
6. Nationalit	y	Religion	•••••		Caste	••••	
(in case of SC	C/ST candidate copy	of supporting do	cument to be	enclos	ed)		
7. Mother T	ongue	••••••	Marital	Status.	•••••	•••••	) • • • • • • • • • • • • • • • • • • •
8. Academic	Particulars						
Exam Passed	Name and address of the School/College	Name of the Board/University	Percentage	Yr. of Pass	Private regula		Remarks if any
1. H.S.L.C.							
2. H.S./10+2 (Science) (Arts)							
3.GNM							
4. Any other Qualification							
9. Details of	10 + 2 (Science/Arts)						
Subjects			Total Marks		Marks ained	Pe	ercentage
				+			

Subjects	Total Marks	Obtained	Percentage
Total			

### 10. Details of GNM course (for Post Basic B. Sc Nursing Course)

	Total Marks	Marks Obtained	Percentage of Marks	Division	Remarks
1st year					
2nd year					
3rd year (part- I)					
3rd year (part- II)					

11. Attested c	opies of the	e certificates to	be enclosed	
TIGT 0 / 10				т

HSLC / 10 +	Enclosed	Not Enclosed
Admit		
Marksheet		
Passed Certificate		
HS / 10 + 2 (Science)		
Admit		
Marksheet		
Passed Certificate		
GNM		
Marksheet		
Passed Certificate		
Birth Certificate		
Conduct Certificate (From previous Institution)		
Caste Certificate		
Transfer Certificate		
Migration Certificate		
Medical Fitness Certificate by Authorised doctor		
Nursing Council Registration Certificate		

#### 12. Identification mark:

### **Declaration by the candidate**

I hereby declare that I have filled this form to be best of my knowledge and belief that all the particulars given above are true.

I hereby undertaken to abide by all the conditions, rules and regulations in force at present and also those which may hereafter be introduced for the administration of the institution. I will do nothing unworthy as a student of the institute either inside or anything that will cause harm to its orderly working and discipline. I am aware that the management has the full authority to expel me for disinterest in studies, misbehavior, contituous failure and for any other vaild reasons.

I hereby undertake that I shall pay all the fees and other dues to the institution promptly on demand. I have thoroughly read the prospectus and understood the contents therein. I am lawfully bound to pay fees for the whole course period if I withdraw from the institute anytime after admission and or before completion of the course.

Place	
Date	
Countersigned	Signature of applicant

## **Undertaking by Father / Mother / Guardian**

Today, theday of	year
I, Sri/ SmtiFa	ther / Mother / Guardian of
Resident ofPol	ice Station have read the
prospectus and undertaken to pay all dues / fees	as applicable for my Son / Daughter / Ward for
undergoing the B.Sc. / Post Basic B.Sc. Nursin	ng course. This amount may be forfeited if the
student fails to complete the course or is dismissed	ed from the institute on account of misconduct or
other vaild reason. I, being the father / mother / $\S$	guardian hereby undertake to pay full fees / dues
to the institution for the whole course period if m	y ward withdraw / expel from the institution any
time after admission and before completion of t	he course.
Place:	
Date:	Signature of the Father / Mother / Guardian
1. Witness :	
Signature :	
Name in Block Letter:	
S/O/ D/O	
Address	
2 777	
2. Witness :	
Signature :	
Name in Block Letter :	
S/O/ D/O	
Address	

Photocopy of the application from shall not be accepted