Form No.

Nij Sindurighopa



ARYA SCHOOL OF NURSING

Phone: 7896049792/93,9864043684

Changsari, Kamrup(R) Pin: 781101									Fax: (0361) 2608262 Email: aryanursingacademy@yahoo.co.in								1										
Course applied: GNM ANM							E																				
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Name Occupation								Name Occupation																			
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4. Permanent address(Block Letter)					,		'	4.Presentaddress(Block Letter)																			
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email							email																				

5.Nameand <i>A</i>	AddressofGuardian(if a	pplicable)						
						•••••		
Relation	Occı	upation	Ir	ncome		••••		
6. Nationality	<i>Y</i>	Religion	•••••••	(Caste	•••••	••••••	
(in case of SC/STcandidate copy of supporting document to be enclosed) 7. Mother TongueMarital Status								
7. Mother 10 8. Academic	_	•••••••••••••••••••••••••••••••••••••••	VIaritai	Status	••••••	•••••	••••••	
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. Any other Qualification								
9. Detailsof1	0+2(Science/Arts)		<u> </u>				<u> </u>	
Subjects	Total Marks		Total Marks Obtained		Percentage			

Subjects	Total Marks	Obtained	Percentage
Total			

10. Attested copies of the certificates to be enclosed

HSLC/10+	Enclosed	Not Enclosed
Admit		
Marksheet		
Passed Certificate		
HS/10+2(Science or Arts) Admit		
Marksheet		
Passed Certificate Birth		
Certificate		
Conduct Certificate(From previous institution)		
Caste Certificate		
Medical Fitness Certificate by Authorised doctor		
11. Identification mark:		

Declaration by the candidate

IherebydeclarethatIhavefilledthisformtobebestofmyknowledgeandbeliefthatall the particulars given above are true.

Iherebyundertakentoabidebyalltheconditions,rulesandregulationsinforceatpresent andalsothosewhichmayhereafterbeintroducedfortheadministrationoftheinstitution.Iwill donothingunworthyasastudentoftheinstituteeitherinsideoranythingthatwillcauseharmto itsorderlyworkinganddiscipline.Iamawarethatthemanagementhasthefullauthoritytoexpel me for disinterest in studies, mis behaviour, contituous failure and for any other vaild reasons.

IherebyundertakethatIshallpayallthefeesandotherduestotheinstitutionpromptlyon demand. I have thoroughly read the prospectus and understood the contents therein. I am lawfullyboundtopayfeesforthewholecourseperiodifIwithdrawfromtheinstituteanytime after admission and or before completion of the course.

1 1400	
Date	
Countersigned	Signature of applicant

Signature of the Parents /Legal Guardian

Dlaca

Under taking by Father/Mother/Guardian

Today, theday of	year	
I, Sri/Smti	Father/Mother/Guardian of	•••••
Resident of	Police Station	have read the
prospectusandundertakentopayalldu	ues/feesasapplicableformySon/Daughte	er/Wardfor
undergoingtheGNM/ANMnursingc	course.Thisamountmaybeforfeitedifthes	studentfailsto
complete the course or is dismissed	d from the institute on account of misc	onduct or other vaild
reason. I, being the father / mother	r / guardian hereby undertake to pay f	full fees / dues to the
institutionforthewholecourseperiod	ifmywardwithdraw/expelfromtheinstitu	utionanytime after
admission and before completion of	f the course.	
Place:		
Date:	Signature of the Father/M	Iother/Guardian
1. Witness :		
Signature :		
Name In Block Letter:		
S/O/D/O		
Address		
2. Witness :		
Signature :		
Name in Block Letter:		
S/O/D/O		
Address		

Photo copy of the application from shall not be accepted