From No.



ARYA NURSING COLLEGE

Nij Sindurighopa Changsari, Kamrup (R) Pin : 781101 Phone : 7896049792/93, 9864043684, Fax : (0361) 2608262 Email : aryanursingacademy@yahoo.co.in

| 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)

| Name | |
|---------------|--|
| Occupation | |
| Annual Income | |

4. Permanent address (Block Letter)

| | ••••• | ••••• | | •••••• | ••••• | |
|-------|-------|----------|------|--------|-----------|------|
| | | •••••••• | | | | |
| Ph. P | No | | | | | |
| ema | il | | | | | |

Mother's details (Block letter)

| Name |
|---------------|
| Occupation |
| Annual Income |

Present address (Block Letter)

| Ph. No | |
|--------|--|
| email | |

| 5. Name and Addr | ess of Guardian | |
|--------------------|-----------------|--------|
| | | |
| Relation | Occupation | Income |
| A TOP A CLEAR OF A | | |

- Caste...... (in case of SC/ST candidate copy of supporting document to be enclosed)
 7. Mother Tongue
- 8. Academic Particulars

| Exam passed | Name and address of the school/college | Name of the Board /University | Percentage | Yr. of pass | Private or regular | Remarks if any |
|---------------------------------|--|----------------------------------|------------|----------------|--------------------|-----------------------|
| 1. H. S. L. C. | | | | | | |
| 2. H. S./10+2 (Science/Arts) | | | | | insterili a | lar ar road |
| | | | | net dool | i məsi kçi ya | andkal stransmith for |
| 3. Any other qualification | | | | i, I | | ELT I |
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| | | | | | | |

9. Details of 10+2 (Science/Arts)

| Subjects | durative show | Total Marks | Total Marks obtained | Percentage |
|------------------------|--|-------------------|-------------------------|-----------------|
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| | and the second | | | |
| | | | | 1.2 |
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| Total | and the set of the last | وتجيئما لحم انتجا | | |

10. Attested copies of the certificates to be enclosed

| HSLC/10+ | Enclosed | Not Enclosed |
|---|--|--------------|
| HS/ 10+2 (Science or Arts) | | |
| Pass certificate | | |
| Conduct certificate | | |
| Birth Certificate | main and a share with the second being | |
| Preliminary Medical Fitness Certificate by authorised doctor | | |
| Migration Certificate (in original) | | |
| Transfer Certificate (in original) | | |
| RN/RM Certificate (for Post Basic B.Sc. Nursing) | | |

11. 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 undertake 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 college. I will do nothing unworthy as a student of the college either inside or outside 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, misbehaviour, continuous failure and for any other valid 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 I withdraw from the college anytime after admission and or before completion of the course.

| Place | | | ••• |
|-------|------|------|---------|
| Date | | | |

Countersigned

Signature of applicant

Signature of the Parents/Legal Guardian

Undertaking by Father/Mother/Guardian

| Today, the | day of | year |
|-------------|-----------------------------|------|
| I, Sri/Smti | Father/ Mother/ Guardian of | |
| Resident of | Police Station | |

| Place : | | |
|-------------------------|--|--|
| Date : | Signature of Father/Mother/Guardian | |
| 1. Witness Signature | | |
| Name in Bloc | ck Letter : | |
| S/o/D/o | | |
| Address | | |
| 2. Witness | s in which proves the set of the line of the set of the | |
| Signature | | |
| Name in Bloc | ck Letter : | |
| | | |
| Address : | | |

Photocopy of the application form shall not be accepted