From No.

Nij Sindurighopa

Pin: 781101

Changsari, Kamrup (R)



## **ARYA SCHOOL OF NURSING**

Fax: (0361) 2608262

Phone: 7896049792/93, 9864043684, 3400480560

Email: aryanursingacademy@yahoo.co.in

Course applied: GNM					ANM							
(For office use only)  Reg. No.:  Details of payment												
All coloums are to be filled up  1. Full Name of the applicant (Blo			_									
		TT	П	II			T			I		
		II		П	П			П	I	Τ		
2. Date of Birth 3. Father's details (Block letter	r)			Mot	her's c	letails	(Bloc	Se k let				
Name				Nan	ne			4000100		******		******
Occupation				Occupation								
4. Permanent address (Block 1	Letter)			4. Pı	esent	addre	ss (Bl	ock	Lette	er)		
Ph. No							Dh N					
email				email								

5. Name and	Address of Guardian						
6. Nationality		Religion				. Caste	78
Marital Status	(in case of S	C/ST candidate copy or	f suppor	ting d	ocument	to be enclose	ed)
7. Mother To 8. Academic P	articulars		••••••	•••••	•••••		
Exam Passed	Name and address of the school/college	Name of the Board/ University	Perce	ntage	Yr. of pass	Private or regular	Remarks i
1. H.S.L.C.						and symmetry	
2. H.S./ 10+2 (Science) (Arts)							
Any other qualification							
9. Details of 1	0+2						
Subjects				Total l	Marks	Total Marks Obtained	Percentag
				£			
حستا							
Total							-

10. Attested copies of the certificates to be en	aclosed	
HSLC / 10+	Enclosed	Not Enclosed
HS/10+2 (Science or Arts)		
Pass certificate		
Conduct certificate		
Birth Certificate		
Preliminary Medical Fitness Certificate by authorised doctor	-	
11. Identification Mark		
Declarati	ion by the cand	lidate
I hereby declare that I have filled this form above are true.	to be best of my kno	owledge and belief that all the particulars given
institute either inside or outside or anything that will management has the full authority to expel me for dis vaild reasons.	of the institution. I cause harm to its ord sinterest in studies, m	erly working and discipline. I am aware that the isbehaviour, contituous failure and for any other
I hereby undertake that I shall pay all the f thoroughly read the prospectus and understood the course period if I withdraw from the institute anytin	e contents therein. I	to the institution promptly on demand. I have am lawfully bound to pay fees for the whole 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 / Gua	rdian of	************************
Resident of	***************************************	Police Station	have re	ad the prospectus
and undertake course. This ar	en to pay all dues/ fees as applicable mount may be forfeited if the stude	for my Son/ Daughter/ ent fails to complete the	Ward for undergoing the GN course or is dismissed	M/ANM nursing
from the instit	ute on account of misconduct or otl	ner vaild reason. I, being	g the father/mother/guardian	hereby undertake
to pay full fees	s/dues to the institution for the whole on and before completion of the the	e course period if my wa	rd withdraw/ expel from the i	nstitution any time
Place:				
Date:				
	***		Signature of Father/Moth	er/Guardian
1. Witness				
Signature	-1.T attack			
	ock Letter:			
	***************************************			
	***************************************			
2. Witness				
Signature				
	ock Letter:			
Address:				
***************************************				

Photocopy of the application form shall not be accepted