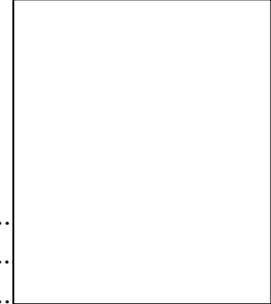


**ADMISSION FORM**  
**MOTHER MARY'S INSTITUTE OF NURSING**  
DEOWAL ROAD, NASRALA, Distt HOSHIARPUR- 146022  
Governed By KULBHUSHAN JAIN VEENA JAIN'S TRUST (Regd.)  
H.O.: 33, GURJAIPAL NAGAR, JALANDHAR  
Email: [mothermarynursing@gmail.com](mailto:mothermarynursing@gmail.com)

**APPLICATION FORM FOR POST BASIC B. S. NURSING, GNM, ANM**

Sir,  
 I am desirous to seek admission in courses of your institution and submitting my bio-data as in the following :



1. Name of applicant.....  
 (in capital letters)
2. Applicant's Father name: .....
3. Applicant's Mother name: .....
4. Full Permanent Address.....  
 .....Phone.....
5. Correspondence Address: .....
- .....Phone .....Mobile.....
6. Name of the Medical course : .....
7. Date of Birth ..... 8. Nationality : .....
9. Marital Status ..... 10. Sex : .....
11. State if belong to SC/BC/ST: .....
12. Educational Qualification: .....
13. RN No. \_\_\_\_\_, RM No. \_\_\_\_\_, Dated \_\_\_\_\_, Council \_\_\_\_\_

S. No.	Exam Passed	Board/University	Year	Total Marks	Marks Obtained	% age

14. Other Courses : .....
15. Any extra Curricular Activity or any distinction in studies if obtained:.....
16. Whether applied for admission to other institutions, different courses if so please give details.....

**DECLARATION**

I was born .....and I am eligible for admission as per minimum/ maximum age for admission. I also hereby declare that I have filled the above form myself and the information submitted by me is correct. If any information I have submitted shall be found false or that any fraudulent means have been used by me for seeking the admission I shall be liable for any action and the authorities will have all rights to take any action against me. I further declare that I shall strictly abide by the rules and regulations of the Institution.

Date .....

Place .....

\_\_\_\_\_  
 Parent's/Guardian's Signature

\_\_\_\_\_  
 Full Signature of Applicant

**SELECTION/ADMISSION ORDER**

Mr./Mrs./Miss..... is admitted provisionally in the..... Course subject to payment of the prescribed fee. His/Her candidature will remain provisional till.....

Date: .....

Auth. Signature

**DECLARATION FROM APPLICANT AND PARENTS/GUARDIANS**

Miss/Mrs./Mr. ....

Daughter/Wife/Son .....

Resident of .....

Have sought admission .....

**I do hereby declare**

(1.) That if I will be admitted, I will abide by the rules and regulations of the Institution made by the other authorities thereafter. (2.) That I hold my parents and myself responsible for the timely payments of all the dues i.e. tuition and hostel fees and all the other service charges payable. (3.) That I agree to abide by the discipline of the Institute. (4) That if at the end of the preliminary period of three months, the authorities decide that my work and conduct is not satisfactory or have short of any of the essential qualities for the profession that I cannot be accepted then I agree to discontinue my training/study, that I also understand that my admission may be cancelled if I have submitted Incorrect or Incomplete Information to the Institute, in such case I agree that any fee paid by me shall not be refunded to me. (5) I also agree that any breakage of equipments, materials etc. in the hostel/hospital/class/lab. Has to be borne by me. (6) I agree to pay the full amount of the hostel and Institute fees if I leave the Institute before the completion of the course. (7) That I have not paid donation for getting admission. (8) That I will not take part in or form any union, if I take part, I may be restigated from this Institute. (9) That I will not drink any chemical/acid/drugs, if I do so, I will be responsible. (10) That If I directly or Indirectly take part in any movement to create any type of disturbances during my stay in Institute or hold any meeting in the Institute without the permission of the Director if I am guilty for unsatisfactory work or for misconduct, in any way, then I agree that my name may be removed from the roll of the Institute or expelled as may be decided by the authorities. (11) I fully agree that any charges once paid by me/parents/guardians are not refundable in any circumstances. (12) If I leave the Institute for any reason whatsoever I will pay all the dues for the full training period. (13) I fully understand that I have to work in various sections of the hospital, I will take care of my chastity, modesty and womanhood. I will not indulge in any act, which may bring bad name to the Institution; I will be fully responsible for my action and behaviour. (14) I assure you that I will not indulge in any behaviour or act that may come under the definition of ragging. I will also not participate in or propagate ragging in any form. I will not hurt anyone physically or psychologically or cause any other harm. If found guilty, I may be punished as per law. **(15) We have read the above statement carefully and understand the same and hereby signed it in full sense.**

\_\_\_\_\_  
Signature of the Parents/Guardians  
with full name and Postal address.

\_\_\_\_\_  
Signature of Candidate