



GURUJI COLLEGE OF NURSING

Lahanga, Godipada, khordha, 752020

Mob: 8917393944, 7751054900, 9437963333 Gmail: gcnkrdh@gmail.com

SESSION: _____ TO _____

ADMISSION FORM

GNM/B.Sc. Nursing

PASSPORT
SIZE
PHOTO

Instruction:

1. Fill in this form properly & legally in English with your own handwriting.
2. Incomplete form will not be accepted.
3. Candidates should read the rules and regulations during filling up the application.

| | | | | | | | | | | | | | |
|-----|---|--------------------|------|---------------------------------|---|----|--------------------------------|-----------|---|----------------|-------------|------------|--|
| 1. | FULL NAME (In Block Letters) | | | | | | | | | | | | |
| 2. | Father's Name | | | | | | | | | | | | |
| 3. | Mother's Name | | | | | | | | | | | | |
| 4. | Occupation | | | | | | | | | | | | |
| 5. | Sex | | | | | | Blood Group | | | | | | |
| 6. | Marital Status | | | | | | | | | | | | |
| 7. | Date of Birth | D | D | M | M | Y | Y | Y | Y | 8. Age | | Years | |
| 9. | Category | | | SC | | ST | | OBC | | GENERAL | | | |
| 10. | Nationality | | | | | | | | | | | | |
| 11. | Aadhar No. | | | | | | | | | | | | |
| 12. | Permanent Address | | | | | | At- | | | Po- | | | |
| | | | | | | | Ps- | | | Dist.- | | | |
| | | | | | | | State - | | | PIN- | | | |
| 13. | Mailing Address | | | | | | At- | | | Po- | | | |
| | | | | | | | Ps- | | | Dist.- | | | |
| | | | | | | | State - | | | PIN- | | | |
| 14. | Contact No. | Mobile: | | | | | | WhatsApp: | | | | | |
| 15. | E-mail ID | | | | | | | | | | | | |
| 16. | Educational Qualification | | | | | | | | | | | | |
| | Sl. No. | Examination Passed | Year | Name of the Institute / College | | | Name of the Board / University | | | Marks Obtained | Total Marks | Percentage | |
| | 1. | | | | | | | | | | | | |
| | 2. | | | | | | | | | | | | |
| | 3. | | | | | | | | | | | | |
| | 4. | | | | | | | | | | | | |
| 17. | Mode of Payment: 1. Payment should be made through Cheque/ NEFT/RTGS mode only. 2. Fees Should be Paid 3 Installments. | | | | | | | | | | | | |

DECLARATION BY STUDENT

Undertaking and pledge by the candidate:

- a) I hereby certify that the entries made by me in this form are correct to the best of my knowledge & belief and I have not concealed any information in any manner.
- b) I agree to observe and abide by all the rules and regulations of the institution in which I may be admitted including those with regard to the programme of studies, syllabus, scheme of Examination, Examination rules and the Hostel rules that may be laid from time to time by Guruji College of Nursing during the period of my studies and I will not associate myself with any activity prejudicial to the discipline of institution.
- c) I fully understand that of any violation or infringement of those rules and regulations disciplinary action can be taken against by the authorities which may include cancellation of the candidature.
- d) I certify that I am not involved in any illegal activity and no criminal case is pending against me in any court of law.
- e) I understand that at any stage, it is found that I have provided any wrong information to seek admission my admission shall stand cancelled automatically and I shall have no claim whatever on the seat or the dues paid to the institution.
- f) I certify that I have not passed the qualifying examination from more than one board/ University/ any other examining body.

Signature of Student

DECLARATION BY THE PARENTS/GUARDIAN

- A) I hereby declare that I hold myself responsible for the good conduct and I have known a financial obligation.
- B) I can afford and undertake to pay the tuition and other fees payable to the institution under the rules of the college.
- C) I agree to the condition that on discontinuation of the course, I am liable for the payment of the entire course fee.

Signature of Parent/Guardian

CHECK LIST / ENCLOSURES

(Attach Original Copies Only)

Note: Tick relevant box. Leave box empty if not applicable.

| Sl. | Document | OFFICE | STUDENT |
|-----|--|--------|---------|
| 1. | Matric Certificate & Mark Sheet | | |
| 2. | +2 Certificate & Mark Sheet | | |
| 3. | GNM/ Degree Certificate & Mark Sheet | | |
| 4. | Nursing Council Registration Certificate | | |
| 5. | CLC / Transfer Certificate | | |
| 6. | Course Completion & Conduct Certificate | | |
| 7. | Migration Certificate | | |
| 8. | Category Certificate | | |
| 9. | Aadhar Card | | |

Verified By Officer Name & Seal

Signature of Student

UNDERTAKING BY THE STUDENT

1. I, _____, Son / Daughter of Mr. /Mrs. _____ have carefully read and fully understood the law prohibiting ragging and the direction of the Supreme Court and the Central/ State Government in this regard.
2. I do hereby undertake that
 - a) I will not indulge in my behavior or act that may come under the definition of ragging.
 - b) I will not participate/ involved or propagate ragging in any form.
 - c) I will not hurt anyone physically / mentally or psychologically or cause any other harm.

3. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the UGC Regulations mentioned above and as per the law in force.
4. I hereby affirm that I have not been expelled or debarred from admission by any institution.
5. I hereby affirm that I will not use alcohol / smoke/ substances which are harmful inside the college and hostel premises.

Signed this _____ day of _____ month of _____ year.

Place:

Signature of Student

UNDERTAKING BY PARENTS / GUARDIAN

1. I, Mr. / Mrs. _____, Father / Mother / Guardian of _____ have carefully read and fully understood the law prohibiting ragging and the direction of the Supreme court and the Central and State Government in the regard as well as the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.
2. I assure you that my son / daughter / ward will not indulge in any act of ragging.
3. I hereby agree that if he / she is found guilty of any aspect of ragging he / she may be punished as per the provisions of the UGC Regulations mentioned above and or as per the law in force.
4. If my ward left in mid-stream, I am liable to pay the balance fees for all the whole course even if left in mid-stream.

Signed this _____ day of _____ month of _____ year.

Contact No:

E-mail ID:

Place:

Signature of Parent / Guardian