## JAIPUR COLLEGE OF NURSING AND HOSPITAL,

SHIVDASPURA, TONK ROAD, JAIPUR

## **ADMISSION FORM**

FORM No.

				(	To be f	illed	in Car	oital l	etters)	)										
		The A	pplicatio &	n form certifie									quisit	e fee						
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ENROLLMENT (For office use )	I No.																			
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Course applied	for [					1														
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1. Name of the	Applicant (M	liss/M	r./Mrs.	)																
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2. Date of Birth		Day			Mo	nth				Y	ear									
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3. Father's /Gua	rdian's Nam	e					1					L								
4. Mother's Nar																				
5. Postal Addres	19									<u> </u>									 	
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Permanent	Address																			
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6. Category			neral		SO	C		5	ST			OB	C							
(Affix the photoco	py of certificate	)		<u> </u>																
7. Sex Male	Fer	nale			8.1	Vatio	onali	ty: .								9. N	RI			
10. Blood Group	· · · · · · · · · · · · · · · · · · ·			dical l								11		ındic				F		
12. Educational	Qualificatio	n:	(Fron	n a Gov	/t. Hos <sub>l</sub>	oital/	Reg. I	Hospi	tal on	ly)			(Ph	iotocoj	py of (	Certific	cate)	L		
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Sl.No. Name of Examinations		Board/University			7	Subjects			1	Year of Passing			Percentage				Percentage of P.C.B.E.			
		10									1 415	31118	)							<del></del>
13. Whether you																				
If yes, give	details				• • • • • •	• • • • •		•••	(B)	Mig	grati	on (	Certi	ificat	e	• • • • • •	• • • • •	•••		
14. Whether Ho	stel facility 1	equire	ed Y	Yes		No								Cont	d					

## Father/Mother/Guardian's undertaking

	Paughter is see		nt and in the event of his/her							
	itted to the college, I will be personally responsible f									
I. II.	His/Her good conduct and behavior during his/her Return of books issued to him/her by the College	education at the College.								
II. III.	Any other liability related to his/her education at the	a College/Institution								
	orther, I undertake to pay his/her fees and other expe		ses on educational tour I also							
	ree that he/she shall abide by the rules of discipline of									
45	ree that he she shall dolde by the fales of discipline of	of the conege as laid down by th	e management.							
Place		Signature Father/Mother/Guardian Name & Address								
Date										
	<u>Undertaking by</u>	the Applicant								
I.	I declare that I have not been debarred from joini	ng any educational institutional	institution or rusticated from							
II.	the institution/University/Board last attended.									
11.	I declare that at the statements made in application by me are true to the best of my knowledge and belief. I clearly understand that if any of the statements is subsequently found untrue my admission to the college/institution would stand automatically cancelled.									
III.	I have read the prospectus and instruction incorpo		d minimum eligibility criteria							
	and I have been provided with necessary inform									
	incorrect or misleading my candidature shall be li									
	refund any fee paid by me to the College.									
IV.	I agree the terms & conditions regarding tuition fee/hostel fee and other charges according to Govt. & federation									
	norms which is non-refundable.									
V.	I have satisfied myself that I fulfill the minimum educational, physical and medical standards and that I agree to									
VI.	be removed from the institution if found deficient in these standards during the course of my stay at the College.									
٧ 1.	I agree that admission may be granted to me on the conditions stated in the latest edition of the prospectus/syllabus prescribed by the University or such modification there off as may be made by the authorities.									
VII.	I have read the rules, regulations and code of conductions									
	and those that may be made in future for the adm									
	inside or outside the College Campus that will inter		8							
VIII. I accept that if any of the above undertaking is misleading I agree to be prosecuted to the court										
	providing take acceptance.									
IX.	All disputes would be subject to jurisdiction of cou	arts at Jaipur only.								
Place		Signatura & Nar	me of the Applicant							
Date		Signature & Nai	ne of the Applicant							
Reference	of at least two persons not related to you :-									
1. Name	Designat	tion/Occupation								
Address		Tel. No								
2. Name	Designat	tion/Occupation								
A 11		T 1 N								
Address	(For Offi									
1 221	ication received on	Enclosures: Attested Photocopy (Ple	ase Tick Mark)							
1.1		A. Mark Sheet of X <sup>th</sup> Class	B. Certificate of X <sup>th</sup> Class							
Fees	paid Cash/DD/Cheque:	C. Certificate of XII <sup>th</sup> Class E. Certificate for SC/ST/OBC	D. Mark Sheet of XII <sup>th</sup> Class F. Certificate of Handicapped							

Enclosures not attached.....

Form checked by

Eligible or not (Y/N)

Note: Registration fee is non-refundable even in the case of nonadmission in the available course/branch opted for

G. Medical Fitness Certificate

I. Bonafied Certificate

H. 6 Passport Size Photos

J. Income Certificate