

Institute of Nursing Sciences, Shri G.H. Patel School of Nursing, Karamsad (Constituent of Bhaikaka University)

ADMISSION FORM

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Fill in using CAPITAL	letters only. Tick () inside the applic	cable boxes.				
Program	M.Sc. Nursi	ng / B.Sc. Nursin	g / DGNM				РНОТО
Academic Year]			
Title	MISS	MRS	MR				
First Name							
Father Name							
Last Name							
Date of Admission			Category	General	OBC	SC	ST
Scholarship	Yes	No					
Date of Birth			Ag	je			
Place of Birth			Ge	nder Mal	e Female		
Marital Status	Un-Married	Married	Phy	ysically Handica	oped I	No	Yes
Caste			Cit	tizenship			
Religion			Aad	dhar No			
E-Mail (Personal)							
Mobile No.							
Parent Details	Father	Mothe	r				
Name							
E-Mail			Mo	bile No.			
Occupation			An	nual Income			
Permanent Residenti	al Address						
District			Pin	ı code			
State				untry			
Prospectus & Fo	rm Payment D	Oetails :	В.5	Sc. Nursing - Rs. Sc. Nursing - Rs. ploma in General	500/-	vifery – Rs.	500/-
Mode of Payment :			Tra	ansaction Numbe	r :		
Date of Payment :			Am	nount of Payment	t:		

B.Sc. Nursing / Diploma in General Nursing & Midwifery Academic Qualification (If applicable)

Exam	School	Board	Total Marks	Obtain Marks	Attempts	Month & Year

M. Sc Nursing Academic Qualification (If applicable)

Course	Name of the Institute	University	Total Marks	Obtain Marks	Attempts	Month & Year
First Year B. Sc Nursing/ First Post Basic B. Sc Nursing						
Second Year B. Sc Nursing/ Second Year Post Basic B. Sc Nursing						
Third Year B. Sc Nursing						
Fourth Year B. Sc nursing						
Percentage of cumulative B.Sc. Nursing	e marks in First Year, Second	Year, Third Year & Fo	urth year B. S	c. Nursing o	r Post Basic	
Name of State Nursing C	ouncil (If applicable) :					
State Nursing Council Re	egistration No (If applicable)	:				
NUID Number (If application	able) :					

DECLARATION

I solemnly declare that I have personally checked and verified all the information filled in this form and that they are correct and that no relevant information of fact is suppressed or omitted.

I undertake to abide by the decision / order of the Admission Committee to cancel my admission and / or expel me from the institute and or to prosecute me in case any incorrect information or discrepancy is found in this form either at the time of admission or at any time during the course of my study.

I hereby agree, if admitted, to conform to various Rules and Regulations of the institute / university in force and that may hereafter made for the governance and I undertake that so long as I am a student I will do nothing either inside or outside the campus that will interfere with its orderly governance, discipline and good.

Date: _____

Place: _____

Signature: _____

Name of Candidate: _____

Note :

1. Students should carefully read the admission instructions before submitting the application form.

2. Every entry in the form must be completed as required.

- 3. Application for admission will be considered only, if it is accompanied by self-attested copies of the certificates.
- 4. Only one photocopy of each document should be deposit with self attested by student.

5. Arrange all document in prescribe order as mentioned in prospectus.

6. Candidate responsibility towards submit pending document as early as possible. If not done, likely be rejected.