

DHANBAD SCHOOL OF NURSING, DHANBAD

ADMISSION FORM

Applied For

Enrolment No.
(To be filled by Office)

Name

Date of Birth/...../..... Age

Nationality Sex

Relation Category

Blood Group Marital Status

Father Name

Mother Name

Permanent Address :

.....
.....

District :

State PIN

Correspondence Address :

.....
.....

District :

State PIN



EXAM PASSED	BOARD/ UNIVERSITY	SUBJECT	PERCENTAGE	YEAR OF PASSING
10th / Matric				
10+2/ Inter				

Note :- Self Attested photocopy of all documents must be attested with form.

This is to certify that I Father / Guardian of
Mr. / Miss/ Mrs Shall be responsible for
regular payment of fees, other dues, good conduct, welfare and health. If
found otherwise my wards admission may be suspended.

Date/...../.....

Signature of
Father / Guardian

DECLARATION

I
S/ D of
do hereby solemnly affirm and declare that;-

- ✍ Information in this form is correct to the best of my knowledge and belief nothing has been concealed by me.
- ✍ I shall abide by the orders, rules and regulation of this school as stated in the prospectus, I ignorance of the same will not be excused by the school authorities.
- ✍ I shall not violate the rule of the school by taking part in any kind of strikes, ragging or such other activities harmful to the administration / school.
- ✍ I admit that any charges / fees paid to the school will neither be refundable nor transferrable, whatsoever may be the reason.
- ✍ In case I leave the school before the complection of the course, I shall be liable for payment of all dues, whatsoever, before no dues certificate is issued by the school.
- ✍ I shall pay the fees and all other dues in time to time as mention in the prospectus / notified from time to time.
- ✍ I will attend regular class and participate in school activities and self development.
- ✍ In case I am found to be suffering from certain medical condition which may effect myself and others, the school authority have the right to cancel my admission. No refunds will be made in this case.

Date/...../.....

Signature of the candidate

Office use only

Admission Course

Date/...../.....

Principal

C/o Asarfi Hospital, Baramuri, P.O. Bisunpur Polytechnic, Dhanbad - 828130 (Jharkhand)