R.P. SINGH MEMORIAL NURSING COLLEGE

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	ADM	ISSION FOR	M Sessi	on		*										
	Name of cour	se applied for :			*	_*										
,	1. Name in c	Name in capital letters														
2	2. Date of B	Date of Birth Age (as on Dec. 31-20)														
	. Father's name															
4. Address for correspondence																
Contact Nos																
															e =	
										6. Martial S	. Martial Statues :					
	7. Domicile States:															
8. Academic Qualification:-																
							а 									
	Examination passed	Name & address of School/College attended	Board/ University	Division	Year of passing	Percentage o marks obtaine										
Matriculation																
	10+2 Exam.															

Attachments :-								
1.	Matriculation Certificate showing date of birth.							
2.	10+2 Certificate with detailed marks sheet.							
3.	Proof of Residence.							
4.	Character Certificate from institution last attended.							
5.	Demand Draft of Rs. 200/- as cost of prospectus in favor of							
6.	SC/BC Certificate.(If applicable)							
7.	Six recent Passport size Color Photographs.							
Undertaking by candidate Undertaking by candidate								
1.	I hereby certify that the information provided by me is correct to the best of my knowledge and nothing has been concealed							
2.	I shall abide by all rules and regulation of the institution and I will not associate myself with any							
	activity prejudicial to the institution.							
3.	I fully understand that for any violation of rules and regulation, disciplinary action can be taken							
	against me including cancellation of admission and I shall have no claim to the seat or the dues							
	paid to the institution.							
4.	I certify that I am not involved in any illegal activity and no criminal case is pending against me in the court.							
5.	I am aware that for participating in ragging activities. I can be expelled from the institution.							
6.	I have not been expelled from any institution. If yes, give details.							
	Signature of Condidate							
Date								
240	Date							
Undertaking by Parent/Guardian :								
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I Certify that my daughter / ward has submitted this application with my knowledge and consent and I hold myself responsible for her good conduct and for and for any payment of dues during stay at the institution. This information supplied in the form is correct to the best of my knowledge.

Signature	of	Parent/Guardia	n

Date

Attestation by Principal of Institution.