

BHAGYODAY TIRTH NURSING COLLEGE

Aacharya Shri Vidya Sagar Marg, Khurai Road,
SAGAR 470001 (M.P.) BHARAT.

ADMISSION APPLICATION FORM NO. :

To, **The Director Incharge**

IMPORTANT INSTRUCTION :
Use Blue/ Black Pen to fill the form in **BLOCK CAPITAL LETTERS** only.

STUDENT'S
PHOTOGRAPH

Paste one recent passport size
Colour Photo
duly signed by the
Principal of the Institute

DO NOT PIN OR STAPLE

PARENT / GUARDIAN
PHOTOGRAPH

(along with his/her own full Sign.)

DO NOT PIN OR STAPLE

C
O
U
R
S
E

M.Sc.
 B.Sc.
 GNM

YEAR _____

Respected Sir
My self :-

1- Full Name of Applicant

Hereby apply to take Admission in your Institute as per details below:

2- Father / Legal Guardian's full name

3- Date of Birth

Date: _____
Month: _____
Year: _____

4- Sex :

MALE FEMALE

5- Religion

6- Nationality

B H A R T I Y A

7- Profession of Parent's / Legal Guardian

8- Annual Income of Parent's / Legal Guardian

9- Minoriy / SC / ST / OBC Scholarship form applied

YES NO

10- (A) Saving Bank A/c No. of Student :

(B) Name of the Bank with branch _____

(C) Student's PAN No. _____

Aadhar No. _____

11- Permanent Address for Correspondence (Do not repeat name)

DT. _____

State _____

PIN _____

Student Ph No. _____

Mob. _____

Father's Ph No. _____

Mob. _____

12- Name & Address of Local Guardian

DT. _____

State _____

PIN _____

Guardian Ph No. _____

Mob. _____

13- Education Institute last attended

14- Details of Qualifying Examinations

Examination	X	XII	Graduation
Board / University			
Month & Year of passing			
Roll No.			
Enrolment. No.			
% of Marks			
Division			
Subjects			

15- List of Document / Certificates Submitted along with this application:

- 1- X 2- XII 3- Graduation 4- Caste
 5- Income 6- Domicile 7- Bank Passbook copy 8- Migration
 9- Address Proof 10- TC 11- Six Photograph 12- Affidavit

16- Facilities : HOSTEL TRANSPORT MESS OTHER _____

17- Health Details : Height _____ C.M. Weight _____ Kg. B.Group _____

18- Have you ever been :- (A) Suspended or dismissed from any educational Institute : YES NO
 (B) Arrested / Charged / Convicted by any court of Law : YES NO

19- STUDENT'S DECLARATION : I shall abide by all rules and regulations and code of conduct of the Institute. The information furnished above is true to the best of my knowledge and belief and if the submitted information is found incorrect the Institute has the right to cancel my admission at any time. In Case Scholarship provided by State / Central Govt. is not received; it will be my responsibility to deposit full fee to the Institute. If I cancel this admission in between the duration of the full course; balance fee due for the whole course will be deposited to the Institute by me.

Date _____ Place _____ Signature _____

20- PARENT / GUARDIAN DECLARATION : I declare that the information contained in this Application is true to the best of my knowledge and belief. I hold myself responsible for the behavior / conduct of my ward / son / daughter in and outside of the Institute. I undertake / gurantee to regularly pay fees & other payables by my ward / son / daughter to the Institute. I have read and understood the Institute's rules and regulations and assure that these shall be followed by me & by my ward / son / daughter. In case my ward / son / daughter violates any of these; the disciplinary action taken by the Institute's Authority shall not be questioned by me and by my ward / son / daughter. The decision taken by the said Authority will be final and binding on me and my ward / son / daughter. In Case Scholarship provided by State / Central Govt. is not received; it will be my responsibility to deposit full fee to the Institute. If I cancel this admission in between the duration of the full course; balance fee due for the whole course will be deposited to the Institute by me.

Date _____ Place _____ Signature _____

21- Admission Date	FOR OFFICE USE ONLY				Admission No.
Admission through	CLC <input type="checkbox"/>	Direct <input type="checkbox"/>	Reffrel <input type="checkbox"/>	Other <input type="checkbox"/>	
Fee Structure Yearly	1 ST <input type="text"/>	2 ND <input type="text"/>	3 RD <input type="text"/>	4 TH <input type="text"/>	
Hostel Charges	1 ST <input type="text"/>	2 ND <input type="text"/>	3 RD <input type="text"/>	4 TH <input type="text"/>	
Certified that we have physically verified and checked all the required documents / certificates and have properly filed and kept them in custody.					
_____	_____	_____	_____	_____	_____
Office I / C	Faculty I / C	Head of Accounts		Principal	