

RATTAN PROFESSIONAL EDUCATION COLLEGE (COLLEGE OF NURSING)

VPO SOHANA, SEC-78, MOHALI. (S.A.S.NAGAR)
TEL: (O) 0160-2258913, FAX-0160-2253100 (H) 0160-2258810

Recognized & Approved by Punjab Govt, I. N. C. New Delhi, P. N. R. C. Chandigarh.
Affiliated to Baba Farid University of Health Sciences, Faridkot.

APPLICATION FORM FOR ADMISSION TO B.Sc. NURSING, B.Sc. NURSING (P B)

GNM, ANM

Name (in Block Capital) _____

Father's Name (in Block Capital) _____

Mother's Name (in Block Capital) _____

Annual Income of Parents _____

Date of Birth _____

Sex: -Male/Female _____ Marital Status _____

Nationality: - _____ Category (Gen/SC/BC/Others) _____

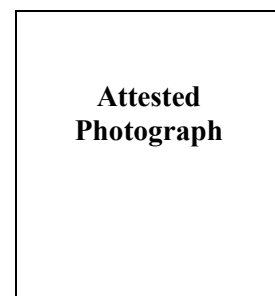
Address for Correspondence _____

Phone No.(STD Code) _____

Permanent Address _____

Residence status Punjab _____ Other State _____

Nursing Registration Council Punjab State _____ Other State _____



Academic Qualification:

Examination	Board/Universities	Roll No	Year of Passing	Subjects	Marks		
					Max	Obtained	%Age
10th							
10+2							
Other							

Professional Qualification:

Name of Examination	Name of School/College	From	To	Marks Obtained	%age	Name of State Nsg. Council	Registration No.
GNM Ist Year							RN _____
GNM IIInd Year							RM _____
GNM IIIrd Year							

Professional Experience:

Name of Institute	Designation	From	To	Total Experience

Undertaking and pledge by the candidate: -

- a) I hereby certify that the entries made by me in this form are correct to the best of my knowledge & belief & I have not concealed any information in any manner.
- b) I agree to observe and abide by all the rules and regulations of the institution in which I may be admitted, including those with regard to programme of studies, syllabus scheme of examination, examinations rules and the hostel rules that may be laid from time to time by Baba Farid University of Health Sciences and/ or Institution during the period of my studies and I will not associate myself with any activity prejudicial to the discipline of institution.
- c) I fully understand that for any violation or infringement of these rules and regulations, disciplinary action can be taken against me by the authorities which may include cancellation of the candidature.
- d) I certify that I am not involved in any illegal activity and no criminal case is pending against me in any court of law.
- e) I understand that if any stage, is found that I have provided any information to seek admission, my admission shall stand cancelled automatically and I shall have no claim whatsoever, on the seat or the dues paid to the institution.

*-Male candidate shall affix
their Left Thumb Impression
- Female candidate shall affix
their Right Thumb Impression*

Thumb Impression

Signature of the candidate

Date _____

Undertaking by Parents/ Guardian

I certify that my son/ daughter/ ward Mr./Ms./ Mrs. _____ has submitted this application with my knowledge and consent and that I hold myself responsible for his/her good conduct and his/her maintenance and any payment of fee during the stay at Institution. The entries made by him/her in the Admission form are correct to the best of my knowledge and belief.

Date _____

Signature of Parents/Guardian

Name of Parents/Guardian _____

Enclosure:

- a) *Attested copies of Matriculation Certificate or DMC(No. of copy six)*
- b) *Attested copies of 10+2 Certificate or DMC, (No. of copy six)*
- c) *Attested copies of GNM Mark Sheets (Ist, 2nd, & 3rd Year)*
- d) *Attested copies of Registration & Diploma Certificates*
- e) *Attested copies of Experience Certificates*
- f) *Six Passport size Photographs*
- g) *Certificate in support of Claim under reserve category as per latest instruction of Govt. of Punjab.*
- h) *Punjab Residence certificate.*
- i) *Gap year affidavit.*
- j) *Schedule Cast/Backward class certificate as per latest instructions of the Govt. of Punjab.*
- k) *Attested character certificate from the Principal of the college/ School last attended*
- l) *Himachal Pradesh domicile certificate.(No. of Copy Six)*
- m) *Medical Certificate attested by (MBBS) .(No. of Copy Six)*

Signature of Principal

Office/Supdt.