



GITANJALI

SCHOOL OF NURSING

Mirzapur, Bypass, Bhadrak, Odisha-756100

Application No.

Roll No.

Anti Ragging Undertaking
Reference No.

ADMISSION FORM

(USE BLACK / BLUE PEN AND CAPITAL LETTERS FOR FILLING THE FORM)

Put (✓) mark in the appropriate box.

1. Course into which admission is sought.

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2. Full Name of the Applicant (in Block letters) Surname first

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3. Father's Name

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4. Mother's Name

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5. Source Income of your parents:

Business

Service

Both Business & Service

6. Annual income of parents:

Father

Mother

7. Nationality

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8. Date of Birth

D	D	M	M	Y	Y	E	A	R
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9. Sex

M	F
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10. Category

Gen	OBC	SC	ST	Other
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11. Language (i.e. mother tongue)

12. Religion

13. Blood Group

14. Adhara No./Any Identity Card No.

15. Complete Address for Correspondence (Please Do not repeat name)

At:

PO:

PS:

Dist:

State:

Pin

Mobile:

Tel.Ph:

e-mail address (if any)

16. Permanent Address (Do not repeat name)

At:

PO:

PS:

Dist:

State:

Pin

Mobile:

Tel.Ph:

e-mail address (if any)

17. Details of Academic records (From 10th standard onwards)

Sl. No.	Name of the Qualifying Examination	Year	Name of the Institution	University / Board	Subject	Division Percentage

18. If the result of CBSE / ICSE / CHSE / State Board Examination/Degree/ Equivalent examination is not declared, the following undertaking is to be given.

I undertake that I have appeared in CBSE/ICSE CHSE/ State Board examination / Degree / Equivalent examination in Science stream and will submit the mark sheet within 15 days of publication of the result.

19. Do you need accommodation in College Hostel ? Yes No

Full Signature of applicant

DECLARATION BY THE APPLICANT

I wish to apply for admission to the Gitanjali School of Nursing, Bhadrak declare that, to the best of my knowledge and belief, the above particulars, given by me, are true. I agree that registration of this application does not confer any right on me in respect of selection for admission, which is solemnly left to the discretion of the College / Principal .

Place :

Date :

Full Signature of applicant

DECLARATION BY PARENTS / GUARDIAN

I hereby declare that I am aware of this application made by my child/ward and of the financial obligations of applying to and studying under this self financing programme. I can afford and undertake to pay the tuition and other fees payable to the institution under its rules. Further, I also affirm and endorse the declaration mode above by my child/ward and aware of the conditions applicable admission.

Place :

Date :

Full Signature of Guardian