

VIVEKANAND COLLEGE OF NURSING

Plot No: 18/2492 & 18/2593, Khandagiri, Bhubaneswar-751030

Mobile: +91 9090021010, E-mail: vivekanandnursing@gmail.com

Affix your

Passport size

Photograph

Here

Session -20	/ 20
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ADMISSION FORM

GNM/B.Sc. (N)/ POST BASIC B.Sc. (N)

Instruction:

2. Fees Should be Paid 3 Installments.

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2.	Father's Name																						
3.	Mo	ther's Nam	ie																				
1.	Oc	cupation																					
5.	Se	×					Blood Group																
6.	Ма	rital Status																					
7.	Da	te of Birth														8.	Ą	ge			1	Yea	ars
9.	Category						SC	:[ST			0	вс			G	ΕN	ERA	AL [
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11.																							
12.	2. Permanent Address						At- Po-																
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13.	3. Mailing Address						At- Po-																
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14.	. Contact No. Mobile :								Whatsapp :														
15.	E-r	mail ID			-																		
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DECLARATION BY STUDENT

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 and 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 the programme of studies, syllabus, scheme of Examination, Examination rules and the Hostel rules that may be laid from time to time by Vivekanand College of Nursing 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 of any violation or infringement of those rules and regulations disciplinary action can be taken against 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 at any stage, it is found that I have provided any wrong information to seek admission my admission shall stand cancelled automatically and I shall have no claim whatever on the seat or the dues paid to the institution.
- f) I certify that I have not passed the qualifying examination from more than one board/ University/ any other examining body.

Signature of Student

DECLARATION BY THE PARENTS/GUARDIAN

- A) I hereby declare that I hold myself responsible for the good conduct and I have known a financial obligation.
- B) I can afford and undertake to pay the tuition and other fees payable to the institution under the rules of the college.
- C) I agree to the condition that on discontinuation of the course, I am liable for the payment of the entire course fee.

Signature of Parent/Guardian

CHECK LIST/ ENCLOSURES

(Attach Original Copies Only)

Note: Tick relevant box. Leave box empty if not applicable.

SI.	Document	OFFICE	STUDENT
1.	Matric Certificate & Mark Sheet		
2.	+2 Certificate & Mark Sheet		
3.	GNM/ Degree Certificate & Mark Sheet		
4.	Nursing Council Registration Certificate		
5.	CLC / Transfer Certificate		
6.	Course Completion & Conduct Certificate		
7.	Migration Certificate		
8.	Category Certificate		
9.	Aadhar Card		

20		
Verified B	y Officer Name & Seal	

Signature of Student

UNDERTAKING BY THE STUDENT

1.	Ι,	, Son / Daughter					
	of Mr. /Mrs	have carefully read					
	and fully understood the law prohibiting ragging and the direction of the Supreme						
	Court and the Central/State Government in	this regard.					

- 2. I do hereby undertake that
 - a) I will not indulge in my behavior or act that may come under the definition of ragging.
 - b) I will not participate/involved or propagate ragging in any form.
 - c) I will not hurt anyone physically / mentally or psychologically or cause any other harm.

- I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the UGC Regulations mentioned above and as per the law in force.
- 4. I hereby affirm that I have not been expelled or debarred from admission by any institution.
- 5. I hereby affirm that I will not use alcohol / smoke/ substances which are harmful inside the college and hostel premises.

Si	gned this	day of		month of	year.					
ΡI	ace:		87 	Signature of	Student					
	U	INDERTAKING BY F	PARENTS / G	UARDIAN						
1.	I, Mr. / Mrs			, Fa	ther / Mother /					
	Guardian of _				have carefully					
	read and fully	understood the law p	orohibiting rage	ging and the d	irection of the					
	Supreme cour	t and the Central and	State Governr	ment in the reg	ard as well as					
	the UGC Regu	lations on Curbing the	e Menace of Ra	agging in High	er Educational					
	Institutions, 20	09.								
2.	I assure you th	at my son / daughter / v	ward will not inc	dulge in any act	of ragging.					
3.	I hereby agree that if he / she is found guilty of any aspect of ragging he / she may									
	be punished as per the provisions of the UGC Regulations mentioned above and									
	or as per the la	w in force.								
4.	If my ward left	in mid-stream, I am lia	ble to pay the l	balance fees fo	or all the whole					
	course even if l	left in mid-stream.								
Sig	ned this	day of	n	nonth of	year.					
Coi	ntact No:									
E-n	nail ID:									
Pla	ce:		Signa	ture of Parent	/ Guardian					