

# NETAJI SUBHASH COLLEGE OF NURSING

PALAMPUR (KANGRA)

ADMISSION FORM FOR G.N.M./B.Sc. NURSING

(Form should be filled and signed by the candidate in her own hand writing)

1. Name of the Course.....
2. Name (in block letters).....
3. Father's Name.....
4. Date of Birth(In words).....  
\_\_\_\_\_ In Figure.
5. Address  
(a) Permanent.....  
.....Phone.....  
(b)Correspondence.....  
.....Phone.....  
(if father is deceased, please give guardian's address)
6. Father's/ Guardian's  
Occupation.....
7. Category/ Caste. SC/ST/OBC.....General.....Any  
other.....
8. To which state do you belong.....
9. Nationality.....
10. Martial Status.....
11. Academic Qualification: Details of Matriculation and above examination only be given:



Exam Passed	Univ/Board	Subject Taken	Year of Passing	Roll No.	Total Marks	Marks Obtained	Division/ Class	Percentage Of marks

12. Marks obtained in the Entrance Test (Only for B.Sc.(N) students):

Place.....

Date.....

**Signature of Applicant**

**Note:** Incomplete application will not be considered.

**The prospectus must be read carefully.**

- Encl:
1. Attested copy of matriculation showing date of birth
  2. Attested copy of mark sheet of matriculation.
  3. Attested copy 10+2 mark sheet
  4. Character Certificate issued from headmaster/principal of school last attended
  5. Recent passport size photograph (6 copies)
  6. Medical Certificate
  7. Attested copy of Residential Proof.

**DECLARATION BY THE CANDIDATE AND PARENTS OF GUARDIAN OF THE CANDIDATE**

I .....hereby declare that after having been admitted to the GNM/B.Sc. Nursing course. I shall abide by the rules of Neta Ji Subhash College of Nursing Palampur given in the prospectus and those made by the authorities hereafter.

I hold myself responsible for the timely payment of all dues i.e. , tuition fee, fines, mess & other charges payable to Neta Ji Subhash College Of Nursing Palampur relating to the period of my studies & I understood that fee/dues once paid are not refundable.

I agree to abide by the discipline of institute and to avail myself of the opportunities of academic instructions, to appear in the Nursing Institute test whenever required to do so by the management committee.

If I directly or indirectly take part in any movement which creates any kind of disturbance in the institute during my training, hold or address any meetings in the institution, without permission of the Principal or participate in any other activity which in the opinion of the Principal, will undermine the institution's discipline or am guilty of unsatisfactory work or misconduct in any way, than I agree that my name may be removed from the roles of the institute or that I may be fined, rusticated or expelled from the institute as may be decided by the management committee in such matters shall be final.

If at the end of the preliminary training period the authorities decide that may record or work class marks and results of examinations are not satisfactory or that I fall short of any or the essential qualities for the Nursing Professions and that I cannot be accepted for the permission to the full membership of the institute then I agree to discontinue my training. After admission, I agree my admission may be cancelled if I have submitted incorrect and incomplete information to the authorities. I agree that in such case my fees paid shall not be refundable to me. That I will not leave the institution during the course of study. In case I leave or am rusticated/expelled by the management committee of the institute, I will pay my full course fee in advance (and get NOC from the institute). Institute will have full right legally to recover the balance fee from my parents or Guardian in case I leave the Institution.

I have read the above statement carefully & agree

Signature of Candidate

Name.....

Date:.....

Address.....

.....

I ..... S/O, D/O, W/o.....

Father's/Guardians of.....

Residence of.....

Agree of ensure that my Daughter/

Wife shall be abide in to by her/him declaration to which I also agree.

Signature of the Father/Guardians of the candidate

Name.....

Date:.....

Address.....

**FOR OFFICE USE:-**

May be admitted/not admitted.....

Signature of Principal

Fee receipt No.....Date:.....

Price at Counter :- Rs.500/-

Price by Post :-- Rs.650/-

Counseling dates can be confirmed from the college. The admission to the candidates will be as per H.P. Govt. / H.P. University rules in both the courses.

## APPLICATION FORM FOR ADMISSION TO HOSTEL

To

The Principal  
Netaji Subhash College of Nursing,  
Palampur, Distt. Kangra.

Madam,

With regards I state that I want accommodation in the hostel of the College. I will abide by the rules and regulations of the Hostel as given in the prospectus. My particulars are as under:

1. Name  
.....
2. Father's Name .....
3. Class ..... Roll No. .... Course .....
4. Mailing Address .....  
..... Ph. No. ....
5. Married/Unmarried .....
6. Name of the persons who can visit you with her relationship.

a) Name .....  
Relation .....  
Ph. ....

Photo

c) Name .....  
Relation .....  
Ph. ....

Photo

b) Name .....  
Relation .....  
Ph. ....

Photo

d) Name .....  
Relation .....  
Ph. ....

Photo

**Note: The students will be permitted to received phone calls from these phone Nos. only.**

**Guardian's Signature**  
(State Relation)

**Admit**

**Candidate's Signature**

Principal

**MEDICAL FITNESS CERTIFICATE**

Certified that I .....  
Have examined Miss.....  
D/O Shri..... Residence of Village  
..... Post Office .....  
Tehsil ..... Distt. .... H.P.  
Today on dated .....

**The finding are follows :-**

- 1. Eyes: \_\_\_\_\_
- 2. Ears: \_\_\_\_\_
- 3. Blood Pressure: \_\_\_\_\_
- 4. Heart: \_\_\_\_\_
- 5. Lungs: \_\_\_\_\_
- 6. Liver Spleem Kidney  
And lymphatic glands: \_\_\_\_\_
- 7. Nerevous System: \_\_\_\_\_
- 8. Urine: \_\_\_\_\_
- 9. Extremities: \_\_\_\_\_
- 10. Blood Group: \_\_\_\_\_

The person is found to be medically fit for the course of \_\_\_\_\_

\_\_\_\_\_

*Senior Medical Officer;*  
*Civil Hospital*\_\_\_\_\_

Rs.5/-

Name of Institution : Netaji Subhash College of  
Nursing Palampur, Kangra (H.P.)

Name of Course : \_\_\_\_\_

i) Name of Student : \_\_\_\_\_

ii) Parentage with address : \_\_\_\_\_  
& Telephone \_\_\_\_\_

iii) Date of Admission in Medical : \_\_\_\_\_  
/Dental College \_\_\_\_\_

iv) Profession of study (Class) : \_\_\_\_\_

v) Border/Hostel (Address with : \_\_\_\_\_  
Mobile/Telephone No. \_\_\_\_\_)

vi) Day Scholar (Address with : \_\_\_\_\_  
Mobile/Telephone No.) \_\_\_\_\_

vii) Undertaking to be given & : \_\_\_\_\_  
Signed by the student \_\_\_\_\_

**“AFFIDAVIT”**

I, \_\_\_\_\_ (Name of Father) of \_\_\_\_\_(Name of Student) admitted in the year \_\_\_\_\_ at Netaji Subhash College of Nursing, Palampur presently student of \_\_\_\_\_ (Class/year) hereby declare that my daughter will not indulge in any type of ragging or indiscipline in the campus/Hostel and outside. In case of any such violation strict disciplinary action should be followed as per Ordinance issued by H.P. Govt. and I will not interfere in any way in the action taken against my daughter.

Address :- ..... (Signature of Parents/Guardian)

.....

.....

Tel. No. ....

**Attested by Rotary**

**UNDERTAKING**

I, Miss \_\_\_\_\_ aged \_\_\_\_\_ year D/o Sh. \_\_\_\_\_ resident of Village \_\_\_\_\_, P.O. \_\_\_\_\_, Teh. \_\_\_\_\_, Distt. \_\_\_\_\_, Himachal Pradesh admitted to B.Sc. (N)/GNM at Netaji Subhash College of Nursing, Palampur during \_\_\_\_\_ hereby giving undertaking that I will not indulge in any kind of ragging or indiscipline in the campus / Hostel / Outside / anywhere. If so, strict discipline action may be taken against me as per law.

Name : \_\_\_\_\_

Class : \_\_\_\_\_

Mobile / Tel. No. \_\_\_\_\_

Countersigned  
(Parent/Guardian)

**AFFIDAVIT**

I, \_\_\_\_\_ aged \_\_\_\_\_ D/o Sh. \_\_\_\_\_ resident of Village \_\_\_\_\_, P.O. \_\_\_\_\_, Teh. \_\_\_\_\_, Distt. \_\_\_\_\_, Himachal Pradesh admitted B.Sc.(N)/GNM course during \_\_\_\_\_ do hereby solemnly affirm and declare as under:-

- (i) That the deponent intimated that I will not get married during the training period failing which I will be liable to be expelled from training and hence this affidavit.

(Deponent)

Verification:-

I, the above named deponent do hereby solemnly affirm and declare that the contents of the above affidavit are true and correct to the best of knowledge and belief and nothing has been concealed.

Declared at \_\_\_\_\_

(Deponent)

Dated :- \_\_\_\_\_

**Attested by Rotary**

**DECLARATION BY THE CANDIDATE AND PARENTS OR GUARDIAN OF THE CANDIDATE**

I, Miss \_\_\_\_\_ D/o Sh. \_\_\_\_\_ hereby declare that after having been admitted to the B.Sc.(N)/GNM course, I shall abide by the rules of Netaji Subhash College of Nursing Palampur given in the prospectus or framed separately by the Management.

I, hold myself responsible for the timely payment of all dues i.e. tuition fee, fines, bill, mess charges payable to Netaji Subhash College of Nursing Palampur (referred here in after as the college) relating to the period of my study and also understand that fees/dues once paid are not returnable.

If I directly or indirectly, take part in any movement which creates any kind of disturbance in the college during my training or hold/addresses any meeting in this college without the permission of the Principal or participate in any activity which in the opinion of the Principal, will undermine the discipline or found guilty in any misconduct in any way, I am agree that my name may be removed from the rolls of this college or that I may be fined / rusticated or expelled from this college as may be decided by the authorities concerned.

If at the end of the preliminary training period the authorities decide that my record or work, class marks and results of examination are not satisfactory or that I fall short of any essential qualities for the Nursing Profession and that I cannot be accepted for permission to the full membership of this college then I agree to discontinue my training. I also agree that my admission should be terminated if any of the information which I have submitted at the time of admission found in correct/half correct. I know that my fees or any other charges paid to this college shall not be returnable.

I have read the above statement carefully and I fully agree to it.

Signature of Applicant

(Name with address)

I, \_\_\_\_\_ (father Name) S/o. Sh. \_\_\_\_\_ resident of Village \_\_\_\_\_, P.O. \_\_\_\_\_, Teh. \_\_\_\_\_, Distt. \_\_\_\_\_ (H.P.) and father of Miss \_\_\_\_\_ agree to ensure that my daughter shall abide by the declaration to which I also agree.

(Signature of Parent/Guardian with Address)

Witnesses by the Principal/President \_\_\_\_\_ accepted/not accepted.

**Attested by Rotary**

## DECLARATION

We namely the applicant Miss/Mrs. \_\_\_\_\_ D/o Sh. \_\_\_\_\_ and Mrs/Sh. \_\_\_\_\_ resident of \_\_\_\_\_ parents/guardian of the applicant named \_\_\_\_\_ Herein have applied for the admission in **Netaji Subhash College of Nursing – Palampur**, Distt. Kangra (H.P.).

### **We solemnly affirm and declare as under:**

1. That if the applicant is admitted, we shall abide by the rules and regulation of the Institute given in the prospectus or which will be made by the authorities thereafter.
2. We will be responsible for the timely payment of all the dues and other charges payable to the Institute during the period of applicant's studies and we understand that the fee/dues once paid are not refundable.
3. We agree to abide by the discipline of the Institution. The applicant avails herself of all the opportunities of academic instructions and will appear in all the tests of the Institute whenever required to do so by the authorities.
4. In case of any breakage of equipment, materials either in the Hospital or in the Hostel or in the Demonstration Room or in the Laboratories etc. the onus shall be on the student and we agree to bear the cost.
5. If the applicant directly or indirectly takes part in any movement to create any kind of disturbance during the training period in the institution or to hold or address a meeting in the Institution without the permission of the Principal/Director in any way, then we will abide by the decision of the authority if the applicant's name removed from the rolls of the Institute or that she is fined, expelled or rusticated from the Institute as may be decided by the authorities. We also agree that the decision of the authorities in such matter shall be final and binding.
6. If admitted, we agree that the applicant's admission can be cancelled if any incorrect or incomplete information has been submitted to the authorities. We also agree that in such case fees shall not be refundable.
7. If at the end of preliminary training period the authorities decided that the applicant's record of works, class marks and result of house examination are not satisfactory or she falls short of any of the essential qualities for the Nursing profession and that she cannot be accepted for promotion to the full membership of the Institute then we agree to discontinue our training.
8. We agree to pay the full amount of Hostel Rent as well as the Institution's fees etc. if the applicant leaves the Institute before the completion of the course.
9. We declare that we have not paid any donation or any other fund for seeking admission to the Institute except the amount mentioned in the receipts.
10. During the entire course of training period the management will be empowered to Increase/Change the fees/funds at any time & we won't object to it. I also agree that all the legal disputes shall be subjected to the jurisdiction of Palampur court only
11. It is submitted that no security amount has been charge from me alongwith fee and I am satisfied with the college/hostel facilities shown to me before admission.



12. During entire course of training candidate will not appear in any other competition or examination. We have read the above declaration carefully and agree to abide by the same.

.....  
Signature of the Parents/Guardian

.....  
Signature of the Applicant

.....  
Name in Block Letters

.....  
Name in Block Letters

**Relation with the Applicant**

Complete Address .....  
.....  
.....

Place .....  
Date .....

We further solemnly affirm and declare that the above contents are true and correct to the best of our knowledge and belief.

.....  
.....  
Signature of the Parent/Guardian

Signature of the Applicant

**Note:- Attestation of the affidavit/declaration be got attested from the attesting authority not below the rank of Tehsildar.**