

Sri Guru Harkrishan Sahib School of Nursing

(A unit of Sri Guru Harkrishan Sahib (C) Eye Hospital Trust Sohana-140308)

SECTOR 77, MOHALI (Pb.) NEAR CHANDIGARH.

PHONE : 0160-5004606 / 609 / 610 FAX : 0160-2258411

E-mail : sohanahospital@gmail.com; Visit us at : www.sghscon.com

(Form should in by be filled candidate's own handwriting and candidate must sign the declaration Form No. 1)

APPLICATION FORM

1. Name of the Course
- 1a. Name (In block letters)
2. Father's Name
3. Date of Birth
4. Address (a) Permanent
-Phone :
- (b) Correspondence
-
5. (If father's deceased, please give guardian's address)
6. Father / Guardian's Occupation
7. Caste SC/ST/OBC
8. To which state do you belong ?
9. Nationality
10. Marital status (unmarried, divorce or widow)
11. Educational Qualification
- i) I passed my Matriculation Exam. fromBoard inyear
withDivision at myAttempt inLanguage gaining
Marks out of a total of.....marks and percentage
- The Subject taken by me were.....
.....
- ii) passed my 10 + 2 Exam. fromBoard inyear
withDivision at myAttempt inLanguage gaining
Marks out of a total of.....marks and percentage
- The Subject taken by me were.....
.....
- iii) Any additional qualification

I will produce all the original certificates at the time of interview.

Place

Date

WARNING : Incomplete application will not be considered.

Signature of Applicant

(The prospectus must be read carefully.)

- Encls : 1. Form No. 1 Duly signed by me and Father / Guardian
2. Attested copy of matriculationshowing Date of Birth (6 copies)
3. Attested copy of marks sheet of matriculation (6 copies)
4. Attested copy of 10+2 mark sheet (6 copies)
5. Certificate of good conduct from the Headmaster/Principal of School last attended.
6. Recent Passport size photographs (8 copies)

DECLARATION BY THE CANDIDATE AND PARENTS OR GUARDIAN OF THE CANDIDATE

I Ms./Mr.....hereby declare that after having been admitted to the G.N.M.(Female/Male) course I shall abide by Sri Harkrishan Sahib School of Nursing, Sohana rules 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, rents, canteen, mess and other charges payable to Sri Harkrishan Sahib School of Nursing relating to the period of my studies and I understood that fees/dues once paid are not refundable.

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

If I directly or indirectly, take part in any movement which creates any kind of disturbance in campus 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, then I agree that my name may be removed from the rolls of the college or that I may be fined, rusticated or expelled from the college as may be decided by the authorities in such matters shall be final.

If at the end of the Preliminary Training Period the authorities decide that my 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 Profession (Female/Male) and that I cannot be accepted for permission to the full membership of the School then I agree to discontinue my training. After admission, I agree that 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.

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

Signature of Applicant

Name

Address

.....

Date.....

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

Resident of.....

Father/guardian of.....

agree to ensure that my daughter/son shall abide in to by her/him declaration to which I also agree.

Signature of the Father/Guardian of the candidate

Name

Address

.....

.....

Date.....

FOR OFFICE USE

May be admitted/not admitted.....

PRINCIPAL

Fee Receipt No.Date.....

OFFICE SUPDT.

AFFIDAVIT

(To be typed on stamp paper of Rs. 15/- and signed jointly by the Applicant and Parent/Guardian and to be attested by the 1st Class Magistrate)

We namely the applicant Miss/Mrs.

Do. Sh.Mr./Ms

Resident of.....

Parent/Guardian of the applicant named therein have applied for the admission in Sri Harkrishan Sahib College of Nursing of General Nursing Midwifery Sohana (Teh. Mohali).

1. That if the applicant is admitted to course of G.N.M., (Female/Male), we shall abide by the rules and regulation of Sri Harkrishan Sahib School of Nursing given in the Admission/Registration form and which may be modified by the authorities from time to time there after.
2. We will be responsible for the timely payment of all the dues such as fees, hostel rent and other charges payable to Sr. Gur Harkrishan Sahib School of Nursing, Sohana (Mohali). We understand that the fees/dues once paid are not refundable.
3. If the applicant directly or indirectly takes part in any movement to create any kind of disturbance or indiscipline during the training period in the Institution or she / he participates in any other activity which is detrimental to the interest of the Institution in any way, then we shall agree that the applicants name may be removed from the rolls of the Institute or that she / he may be fined, expelled or rusticated from the Institute as decided by the authorities. We also agree that the decision of the authorities in such matter shall be final and binding.
4. 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.
5. 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 prospectus.
6. We shall not claim Hostel accomodation as a matter of right.
7. 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 it.

We have read the above declaration carefully and agree to abide by the Same.

ਅਸੀਂ ਉੱਪਰ ਦਿੱਤਾ ਐਫੀਡੈਵਿਟ ਪੜ੍ਹ ਲਿਆ ਹੈ/ਸੁਣ ਕੇ ਸਮਝ ਵੀ ਲਿਆ ਹੈ ਤੇ ਸਾਨੂੰ ਉੱਪਰ ਦਿੱਤੀਆਂ ਤੇ ਪ੍ਰਾਸਪੈਕਟਸ ਵਿੱਚ ਦਿੱਤੀਆਂ ਸ਼ਰਤਾਂ ਮੰਨਜ਼ੂਰ ਹਨ ਤੇ ਅਸੀਂ ਪਾਬੰਦ ਵੀ ਰਹਾਂਗੇ।

.....
Signature of the Parent/Guardian

.....
Signature of the Applicant

Name.....

Name.....

Address.....

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

Place.....

Date.....