



SANT BABA BHAG SINGH INSTITUTE OF NURSING

Vill. Khiala, P.O. Padhiana, Distt. JALANDHAR.

APPLICATION FOR ADMISSION TO THE COURSE OF GNM

Attested
Photograph

(Form should be filled in Candidate's own handwriting and sign the Declaration Form)

1. Name of the Course
2. Name (in block letters)
3. Address (a) Permanent
- (b) Temporary

NOTE : All correspondence connected to this application will be sent to this address.

4. Father's Name
5. (If Father's deceased, please give Guardian's Address)
6. Father's or Guardian's Occupation
7. Date of Birth Caste - SC / ST / OBC
8. To which state do you belong Nationality
9. Marital Status : Unmarried Divorce Widow
10. Educational Qualifications :-

Class	Board / Univ.	Year of Appearance	Marks	Percentage	Remarks
Matriculation					
10+2					
Any other					

I will produce all the original certificate at the time of Interview.

Place

Date

Signature of Applicant

Warning : Incomplete application will not be considered.
The prospectus must be read Carefully.

CHECKLIST OF ENCLOSURES :



1. Form Number 1 duly signed by Father / Guardian and me.
2. Attested Copy of Matriculation showing Date of Birth (5 copies)
3. Attested Copy Marks sheet Matriculation (5 copies)
4. Attested Copy of 10+2 mark sheet (5 copies)
5. Certificate of Good Conduct from the Headmaster / Principal of School Last Attended.
6. Domicile / Residence Certificate attested.
7. Crossed Bank Draft No. Dated of Rs.
8. Recent 8 Passport Size Photographs.

Signature of Candidate

Signature of Guardian

Countersign by Principal

Class	Board / Univ.	Year of Appearance	Marks	Percentage
Matriculation				
10+2				
Any other				

I will produce all the original certificate at the time of interview

Place

Date

Warning - response to application will not be considered
The prospectus must be read carefully

Undertaking

Sample copy of fee undertaking by parents/ guardians

(attestation by executive magistrate)

I, _____ S/o Sh. _____ Resident of _____

Do hereby solemnly affirm and declare on oath as under;-

1. That my daughter/son who is studying in course _____ at SBBS institute of nursing. The period of above said course _____
2. That if my daughter left the college / course between the duration due to any cause then I shall be liable to pay full fee of the course.
3. That it is my responsibility to make the payment of fee of my daughter/son in the months of August and January in each year during the complete course period.

Deponent

Verified that the contents of this affidavit are true to best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated there in

Deponent