

St. Mary Nursing Institute

Recogniged by INC, New Delhi & BNRC, Patna Hasauli Aurangabad, Bihar 824102 Mobile Number. 91 90 97 118 786

email: stmarynursinginstitute@gmail.com, website: www.stmarynursinginstitute.com

Application Form for Registration & Admission in Diploma Course of General Nursing & Midwifery 2020-21 Form No.:

tructions for filling the Application Fill in the application form in cap			Affix your Recent	
Incomplete forms will not be considerd. Passport Size Photograph				
Completed form should reach to	the Principal / Office.			
Personal Details:-				
Name				
	Age on 31st Dec. '16	Sex :		
Nationality	4. Relegion	5. Marital Stat	us	
Correspondence Addless				
	PIN			
obile -	e-mail :			
Permanent Address				
	PIN			
Category (GEN/SC/ST/ORC	(attach the cas	ste certificate f8C/S	T/OBC)	
Family Details	(attaon the oac		17020)	
<u> </u>				
Occupation	Mobile	e No:		
	Mobile No.	:		
From No.	ADMIT CARD			
FIOIII NO.	Entrance Exam			
Annlicant Name :				
• •			Affix vour Recent	
			Photograph	
Date of Exam :	Time			

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C.	Educ	ation	ลเ Оเ	ıalıtıc	ation	:-

Exam Passed	Stream (I.Sc/I.Com/I.A.)	Year of Passing	Board/University	Marks Obtained	Division	Percentage
Matric / 10 th /SSLC						
10+2/Inter /Pre-University						
Graduation						

- D. Extra Curricular Activities/Hobbies _____
- E. Along with this form attach following original Certificate:-
- 1. 1. Matriculation Certificate/Mark Sheet 2. Mark Sheet of Intermediate/10+2/Certificate
 - 3. Character Certificate 4. 10+2 School Leaving Certificate/Transfer Certificate
 - 5. Migration (if required) 6. Passport Size Colour Photograph 6

DECLARATION

I	
	affirm and declare that :
 Information in this form is correct to the best of my knowledge and belief an 	nd nothing has been concealed.
I Shall fully abide by the orders, rules and regulations of this Collegeas state	d in the prospectus, Ignorance will not be considered.
 I Shall not violate the rules of the school by taking part in any kind of strikes administration/school. If do so, my name should be struck off from the school 	
 I admit that any charges/fees paid to the school will neither be refundable r I leave the school before the completion of the course, I Shall be liable for p 	· · · · · · · · · · · · · · · · · · ·
I Shall pay the fees and all other dues in time as mentioned in the prospectu	us/notified from time to time.
 I will attend regular classes up to 80 to 100% and participate in school activi 	ities and self development programmes.
 All the disputesare subject to the jurisdiction of Patna High Court Only. 	
	Signature of the Candidate
This is to certify that I,	father/guardian of Mr./Ms. be responsible for regular payment of fees,
any other dues, conduct & welfare of the candidate during his/her study in	Narayan Nursing College.
Place	
Date	Signature of the Father/Guardian