



RAMSNEHI COLLEGE OF NURSING

(A unit of Shree Ram Niwas Dham Trust, Shahpura)

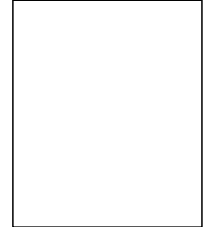
Ramsnehi Chikitsalaya and Anusandhan Kendra Nehru Road,
Bhilwara - 311001 (Raj)

Email : service4humanity@yahoo.com Website : www.ramsnehinursing.org

ADMISSION FORM

(Post Basic BSC Nursing)

Session 2023-24



1. Candidate Name : Mamta Saini

2. Father Name : Kalyan Ji Saini

3. Mother Name : Tara Devi

4. Date of Birth : 26-02-1997

5. Address :

6. Aadhar No. : 470114084576

7. Mobile No. : 9660674084(Self)

9261536504(Father)

9660674084(Whatsapp)

8. Course Name : 8

9. Year : 3rd year

10. Gender : Female

11. Category : OBC

13. Marital Status : unmarried

Sno.	Class	Name of Board	Subject	Year Of Passing	Percentage
No Record Found.					

DECLARATION BY THE CANDIDATE

I hereby declare that the above mentioned information related to my eligibility for the course for which I seek admission, is true to the best of my knowledge. In case of any information being found incorrect or misleading, my candidature/admission shall be liable to be cancelled at any stage of my training period and I shall not be entitled to refund of any fees paid by me. I am aware that in case of any legal issue, decision of management will be final and territorial jurisdiction shall be limited to Bhilwara only.

Signature of Candidate

CERTIFICATES TO BE ATTACHED WITH THE APPLICATION FORM

1. Original Documents

Collected

Not Available

- Mark sheet of Secondary Examination (Class-X)
- Mark sheet of Senior Secondary Examination (Class-XII)
- Cast Certificate (In case of SC/ST/OBC/SBC)
- Medical Fitness Certificate
- Allotment letter issued by Nursing Federation/Govt. counseling
- 2 Sets of photocopies of above mentioned documents duly Self attested or attested by gazetted officer
- 5 passport Size colored recent photographs
- 2 self-addressed stamped envelope of Size 9" x 12"

FOR OFFICE USE ONLY

1. This candidate is allotted through Govt. counseling/ Nursing Federation vide letter No. _____ dated _____ and Rs. _____ deposited vide receipt No. _____ dated _____. I have checked all above mentioned documents & verify that admission can be given to this candidate as he/she fulfills all the eligibility criteria required for G.N.M. course.

Authorized Signatory

2. The candidate has joined this institute on _____ by depositing his/her fees vide receipt No. _____ dated on _____ as prescribed by the authority.

Accountant