



Nurturing Talent Successfully

# Saraswati School of Nursing - Malda

Approved by the Government of West Bengal & Recognized by West Bengal State Nursing Council

## APPLICATION FORM

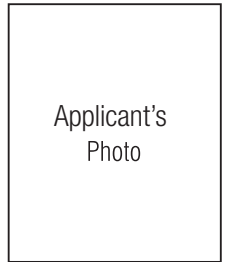
Date : \_\_\_\_\_

Application Form No.....

Office Use Only

Grid for Office Use Only

Applicant's Photo



To Be Filled In Block Letters

### Academic Plans

Course applying for    -

### Applicant information

Name, Date of Birth, Religion, Community, Nationality, Domicile, Age, Gender, Caste, Category, Birth Place, Blood Group, Marital Status

### Address

Permanent Address, Alternate Address, City/Town, State, PIN, Telephone, Mobile, Email

### Parent / Guardian Information

Father's Name, Mother's Name, Husband's Name, Local Guardian's Name, Occupation, Phone No.

### Supporting Documents (Details of Copies enclosed)

10th Marks Card, 10 +2 Marks Card, Others, Reg. No., Migration Certificate, Transfer Certificate

**Education****Secondary Education** (Secondary School attended)
**Pre University education (10 +2)/** Qualifying examination (Name of the school/College attended)

Medium of instruction in pre university education (10 +2) / Qualifying Examination

Marks secured in Qualifying Examination

Sl.No.	Subject	Max. Marks	Marks Obtained	%

**Student Declaration****Acceptance of terms and conditions of enrollment**

I declare that the information provided by me in this application form is true and correct to the best of my knowledge and belief.

Any delay in payment of fees will attract penal charges as decided by the Management. I assure you that I will not indulge in any anti-social activities including causing damage to the institute/ public property, smoking, consuming alcohol, intoxicating drugs, ragging, eve-teasing or any other activities that will tarnish the image of the institute. I am also aware of the fact that I may be expelled from the Institute if found involved in any of the above activities. I will abide by the rules and regulations of the institution in force, which may be amended/ altered by the Management from time to time. The decision of the Management with respect to any administrative and academic matter is final at all times.

Date: \_\_\_\_\_

Place: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

**Parent / Guardian Declaration****Medical**

Are there any medical data which will help us in meeting the student's specific needs? Has the student previously been diagnosed with any medical condition that we should be aware of if treatment is required? If any, please list.

I accept that emergency medical treatment may be given and agree that I am responsible for the costs incurred in providing medical treatment and other associated services for the student.

**Approval for participation in extra-curricular activities**

I give my consent to the student attending and participating in extra-curricular activities, including excursions and trips, during the academic year and in the event of any emergency, medical or surgical treatments may be provided as deemed necessary. I understand that these activities are not the responsibility of the Management and are undertaken at the student's own risk.

**Acceptance of terms and conditions of enrollment**

I assure that my ward will not indulge in any act which will tarnish the image of the institute. If he/she does so, he/she may be expelled by the institute. I will not have any claim whatsoever for the refund of fees if my ward leaves the institute on his or her own wish or expelled by the institute for breach of conduct, discipline and rules of the institute. I also have no objection to the Management using the student's photograph and testimonial for the promotion and publicity of the institute. Any dispute regarding administrative or academic affairs of the institution is subject to the jurisdiction of the courts of law in West Bengal only. I acknowledge that I must comply with and will ensure that the student complies with the Terms and Conditions of Enrollment.

**Declaration that information provided is correct**

I, \_\_\_\_\_ am the parent/guardian of the student and declare that all information provided in connection with this application form is correct and that I have read and understood the Terms and Conditions of Enrollment.

Parent / Guardian Signature: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Parent's / Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_