

Prem Institute of Medical Sciences

(A Unit of Lala Harbhagwan Dass Memorial & Dr. Prem Hospital Pvt. Ltd.)

(Affiliated to Pt. B. D. Sharma University of Health Sciences, Rohtak (Recognized by Haryana Government H.N. & N.M.C., I.N.C. & I. A.P

BAROLI (PANIPAT) 132103

APPLICATION FORM

(TO BE FILLED IN BLOCK LETTERS ONLY BY THE CANDIDATE IN HIS/HER OWN HAND WRITING)

| Name of the Institute/College (Ved Nursing Training Institute / Ved Nursing College) | |
|---|------------------------------------|
| 2. Name of the Course: G.N.M. A.N. | M. |
| (Tick which ever is applicable) B.Sc. Nursing | |
| Post Basic B. Sc. Nursing | NPCC |
| M. Sc. Nursing | |
| OBG Paeds CH | N Psychiatric Med-Surg |
| B.P.T. | |
| M.P.T. | |
| Ortho. Neuro | |
| 3. Name of the Candidate | |
| 4. Date of Birth (in DD/MM/YYYY | |
| 5. Gender (Please Tick) Male Female | |
| 6. Adhar Card No. | |
| 7. Martial Status (Please tick) Married Unmarried | Divorce Widow without encumbrances |
| 8. E-mail ID of Student | |
| 9. Father Name | |
| 8. E-mail ID of Parents | |
| 10. Mother's Name | |
| 11. Nationality | State |
| 12 Present Postal Address | Permanent Home Address |
| | |
| | Die Code |
| Pin Code | Pin Code Tel. : (With STD Code) |
| Tel.: (With STD Code) | Mobile |
| F-mail ID | |

| 11. Reserved Categories * (Please tick) | | Sc | cheduled Cast | e/ ST | Physically Handicapped | | | |
|---|--|------------------|--------------------|----------------------------|------------------------|--------------|------------------|---------------------|
| | | Sc | chedule tribe | | Locomotor Disability | | | |
| | | L Ва | Backward Class' | | | | | |
| 12 Residence/D | omicile Certificate | | | | Ecnomic V | Veakend Se | ection (EWS) |) |
| | Guardians Particulars | ••••• | | | | | | |
| a) Occupation | · | | | b) Annua | al Household Inc | ome (Rs) | | |
| 14. Academic | | ••••• | | | | 01110 (110) | | |
| | | Year of | | | Marks | Max. | %age of | Experience |
| Exam | Board/University | Passing | Roll No. | Subject | Obtained | Marks | Marks | if Any |
| Matric | | | | | | | | |
| 10+2 | | | | | | | | |
| G.N.M | | | | | | | | |
| B.S.C | | | | | | | | |
| Post Basic S.C Nursing | | | | | | | | |
| - | | | | | | | | |
| B.P.T | | | | | | | | |
| | | | | | | | | |
| understand that may deem prop | the that entries made in this this shall entail automatic per. o the college and my conti | cancellation of | my admission | n, besides re | ndering me liable to | to such act | ion as the co | ollege authoritie |
| | ch may be issued from tim ly aware if the law regardin | | - | | | | _ | |
| _ | competent authority. | ig do won do an | io pariioriiriorii | and that it is | ouria gamey or and | , account i | am nabio to | be pariioriou |
| | i am completely aware of fo | ees structure fo | r the entire co | urse and rule | s and regulations. | l accept all | the terms of | admission |
| willingly. | prospectus and shall abide | by the rules wh | ich have been | montioned t | he prospectus and | any other | which may be | framad in this |
| regard. | prospecius and shall ablue | by the fules wil | iicii iiave beeii | i memionea ii | ne prospecius and | any ouner v | WillCit Illay De | ; iraineu iri iriis |
| | | | | Signature of the applicant | | | | |
| Signature of Fa | ther/Mother/Guardian | | | N | lame: | | | |
| Name: | | | | C | Course: | | | |
| Date: | | | | S | Session: | | | |
| Place: | | | | _ |)ate: | | | |
| | e attached with application | form (duly atte | sted by Gazett | | Jale | | | |
| 1. Matric Certifica | ate | . • | - | , | | | | |
| 2. 10+2 Certificat | | ottondod | | | | | | |
| | tificate from the last institutior gree Certificate (For admission | | s) | | | | | |
| 5. Migration Certi | • | | , | | | | | |

10. Registration certificate NOC From council (for admission into PG cources Nursing

6, Caste Certificate, Domicile Certificate, Income Certificate, Aadhar Card.

7. Experience Certificate if any8. 4 Passport size potographs

9. Admit Card