

# **APPLICATION FORM**



# VIDYA BHARATI ACADEMY

## OF NURSING RESEARCH AND SCIENCES

A UNIT OF



### SONARPUR SWAMI VIVEKANANDA MANAS MISSION

### SATYARANI MEMORIAL NURSING HOME & DIAGNOSTIC CENTRE

GHASIARA MORE, SONARPUR, DIST- 24 PGS (S) PIN- 700 150, WEST BENGAL

### ADMISSION FORM FOR GNM AND B.SC NURSING

*Affix here  
your recent  
passport  
size  
photograph*

ACADEMIC YEAR	20	TO	20	Form No.
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<b>FORM &amp; REGD NO.</b>	University Application Form Number. _____ University / Board Registration Number. _____ Year _____
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<b>The applicant</b>	Full Name Of The Applicant (IN BLOCK LETTERS) _____	
	Nationality _____ sex : Male    Female    Others	
	DOB (ddmmy) ...../...../..... Married <input type="radio"/> Unmarried <input type="radio"/> Mother tongue <input style="width: 50px;" type="text"/>	
	Permanent Address Of The Applicant	Address Of The Applicant Correspondence
	_____	_____
	Email : _____	Email : _____
Whatsapp no. _____	Tel/STD _____ Fax _____	
Mobile no. _____	Mobile no. _____	

<b>The Parent / Guardian</b>	Name of the parents	
	a) Father's name _____	
	b) Mother's name _____	
	Occupation	
	a) Father/Husband _____ Annual income _____	
	b) Mother _____ Annual income _____	
Address Of The Parents Guardian	Address Of The Local Guardian	
_____	_____	
Email : _____	Email : _____	
Tel/STD _____ Fax _____	Tel/STD _____ Fax _____	
Mobile no. _____	Mobile no. _____	

<b>Add Info If Any</b>	
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<b>Category</b>	Whether the candidate belongs to SC/ST/OBC      yes _____ No _____ (enclose copy of certificate, if yes)
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Exam passed	Year of the passing	Name of the board/ council / university	Name of the school / college studied	Subject studied	Total marks scored	Maximum/ full marks	% of marks obtained

**DECLARATION BY THE CANDIDATE**

*I declare that the above information are true and correct to the best of my knowledge and belief.*

*Place* .....

*Date.* .....

\_\_\_\_\_ *Signature of the Candidate*

**DECLARATION BY THE FATHER / MOTHER / GUARDIAN**

*I here by declare that, I have known the financial obligation for the education of my ward and I can afford to pay all the cost / dues thereof. I undertake to pay the tuition and other fees payable to the Institute under the rules which are in force and may be framed from time to time by the Board of management of the Institute. I am aware that the fees paid to the Institute for admission of my ward will be forfeited in case of his/her discontinuance of the studies for any reason whatsoever. I Pledge to abide by rules and regulations stipulated by the concerned Council and I also stand guarantee for declaration given by my son / daughter to the Institute.*

*Place*.....

*Date*.....

\_\_\_\_\_ *Signature of the Father/Mother / Guardian*

## Declaration by the Father / Mother/Guardian

*I am aware of the Rules and regulation Terms and Conditions my ward will have to follow in the event of his / her admission In the Institute and agree that my ward would abide by those so long he / she would remain a student of the Institute. I shall be responsible for his/her good conduct, attendance and discipline during period of his / her stay in the Institute. 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 from the Institute . I will not have any claim whatsoever for the refund of fees, If my ward leaves the Institute on his / her own will or is expelled by the Institute for breach of conduct, discipline or rules of the Institute.*

Place.....

Date.....

\_\_\_\_\_  
*Signature of the Father/Mother / Guardian*

<b>DATA CARD FOR STUDENT'S IDENTITY CARD</b> (TO BE FILLED IN CAPITAL LETTERS)		
Registration No.	:	
Name	:	
Father's Name	:	
Course	:	<i>Affix here your recent Passport size photograph With tie.</i>
Session	:	
Date Of Birth	:	
Date Of Issue	:	
Valid Up To	:	
Home Address	:	
Phone No.	:	
Blood Group	:	
Identification Marks	:	

**FOR OFFICE USE ONLY**

Admitted to : .....

Admission From No: ..... Fees Paid .....

Receipt No. .... Date of Admission .....

Remarks.....

*Receiver*  
For VIDYA BHARTI ACADEMY OF NURSING RESEARCH AND SCIENCES  
A unit of SONARPUR SWAMI VIVEKANANDA MANAS MISSION

## DECLARATION

To  
The Principal,  
VIDYA BHARTI ACADEMY OF NURSING RESEARCH AND SCIENCES

I \_\_\_\_\_ am aware of the Rules/Terms and conditions of my admission into the \_\_\_\_\_ Course of VIDYA BHARTI ACADEMY OF NURSING RESEARCH AND SCIENCES, Ghasiara, Sonarpur, South 24 pgs. I know that for any violation of the rules and regulation may be subject to penalty and punishment as per the discretion of the Collage Authority of the Institute.

1. I do hereby undertake that I Shall not:

- a. Cause any damage to any property of the Institute or its Hostel such as Benches, Switchboard, Furniture, Laboratory Equipment's, Sports Equipment etc. and any public property In the vicinity of the Institute or elsewhere.
- b. Deface the Computers & all its peripherals, Desk, Benches, Chairs, Walls of the Hostel/Class-rooms, Blackboards, Toilets, Walls of the Institute etc. with any writing whatsoever.

2. I shall regularly attend all my classes throughout the year and I shall maintain a minimum of 80% Attendance as per the rule of Council / INC. If for any unforeseen reason I am not able to attend the classes for a long time without prior intimation to the principal, I shall submit a valid explanation at the earliest. I am aware that if 80% attendance is not maintained in all subjects, I will not be allowed to appear in Annual Examination.

3. I shall appear without fail in a all the Terminal test and Examinations to be conducted by the College/The Institute/The Academy.

4. I Shall abide by the approved norms of the concerned Council to which the Institution is affiliated. I shall not hold the Institution responsible for any kind of problems arising out of my eligibility for admission in the Institute or for appearing in examinations of the University.

5. I shall attend the preparatory Examination and if fail to do so, I may be debarred from appearing In the Council Final Examinations.

6. I shall submit all the Assignments; record Books, Home Works etc., in time for purpose of continuous evaluation. I shall make earnest attempts to achieve academic importance in all the subjects throughout the year

7. I shall keep up the good name of the Institute in all my thoughts, behavior and actions.

8. I shall be fully committed to my studies and shall maintain absolute silence in the classes and shall not disturb any class by indulging in talks or moving in and out of classrooms when classes are in progress.

9. I shall not indulge in ragging or any kind of misbehavior.

10. I shall implicitly accept the decision of the management of the Institute's final in all matters of discipline.

11. I shall not use obscene or unparliamentarily Language anywhere, especially before teaching staff whom I shall respect.

12. I do hereby solemnly affirm:

That in the event of disclosure by any means whatsoever my Involvement bearing financial implication with any Institution/Organization, in subsequent times, would subject me to expulsion from " VIDYA BHARTI ACADEMY OF NURSING RESEARCH AND SCIENCES "

The declaration made above by me is true to the best of my knowledge.

Place.....

Date .....

\_\_\_\_\_  
Student's Signature

## Annexure - I

### UNDERTAKINGBYTHECANDIDATE/STUDENT

1. I,..... daughter of Mr. ....have carefully read and fully understood the law prohibiting ragging and the direction of the Hon'ble Supreme Court and the Central/State Government in this regard.
2. I have received a copy of the Indian Nursing Council Regulation on Curbing the Menace of Ragging in Nursing Colleges,2016, and have carefully gone through it.
3. I hereby undertake that I will not indulge in any behaviour or act that may come under the definition of ragging, I will not participate in or abet or propagate ragging in any form. I will not hurt anyone physically or psychologically or cause any other harm.
4. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the Indian Nursing Council Regulation mentioned above and for as per the law in force.
5. I hereby affirm that I have not been expelled or debarred from admission by any institution.

Signed this- .....day of..... month of.....year.....

Name:

Address:

Signature:

### Annexure II

### UNDERTAKINGBYTHEPARENT/GUARDIAN

1. I, .....Father of .....have carefully read and fully understood the law prohibiting ragging and the direction of the Hon'ble Supreme Court and the Central/State Government in this regard as well as the Indian Nursing Council Regulation on Curbing the Menace ofRagging in nursing colleges2016.
2. I assure you that my son/daughter/ward will not indulge in any act of ragging.
3. I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the Indian Nursing Council Regulation mentioned above and/or as per the law in force. Signed this- .....day of.....month of.....year.....

Name:

Address:

Signature: