



# Firozabad School Of Nursing/Hospital

[Affiliation & Approval by U.P State Medical Faculty, Lucknow]

&

[Indian Nursing Council Govt. of India, New Delhi.]

**Rasheedpur Kaneta Line Par, Firozabad 283203**

**A.N.M**

**G.N.M**

**Diploma in Optometry**

**Certificate in baby Nursing & child care**

Form No.

1. Candidate Name : .....
2. Father's Name : .....
3. Mother's Name : .....
4. Guardian's Name : .....
- {if Father is Not the Guardian}
5. Date of Birth {in Words } : .....
- {In Figure }
6. Occupation of Father : .....
7. Contact No. : .....
8. Permanent Address : .....
- .....
9. City / State : .....
10. Nationality : .....
11. Email : .....
12. Aadhar No. : .....

Please paste the  
PAASPORT SIZE  
PHOTOGRAPH  
In this space and get in  
attested by the  
Principal  
of the  
College/School  
last attended or where  
enrolled at present

## Academic Performance { General Education Qualification }

Exam Passed	Year of Passing	Subjects	Board/University	Marks Obtained	Division	Percentage
10 <sup>th</sup>						
12 <sup>th</sup>						
Any other Qualification						

## DECLARATION

I.....D/O,S/O.....do hereby  
**Solemnly affirm and declare:**

- That Information in this Form is the best of my Knowledge and belief and nothing has been concealed by me.
- That I shall fully abide by the orders , rules and regulations of the college as stated in the prospectus .
- Ignorance will not violate the rules of the college by taking part in any kind of strike or such other activities harmful to the conducive education environment of the campus.
- That I understand that in case of such happening my name May be struck off from the college register and I shall have no claim towards the refund of the fee, already paid to the Institution.
- That I Admit that any charges fee paid to the college will neither be refundable Not transferable, whatsoever may be the reason.
- That in Case, I leave the college Before the completion of the course, I shall be liable For the payment of all dues of the college.
- That I shall pay the all fees and all other dues in times as mentioned in the Prospectus / notified from time to time.
- That I will attend the classes regularly and shall participate in college activities including self development programmers.

मैं.....अपने पुत्र/पुत्री.....  
का एडमिशन आपके कॉलेज में कराने के इच्छुक हूँ अतः आप मेरे पुत्र/पुत्री का एडमिशन अपने विद्यालय में देने का कष्ट करें। मेरे द्वारा आपके कॉलेज की समस्त नियम व भातें समझ ली हैं और मेरे द्वारा अगर बीच में या प्रवेश के बाद अपने बच्चे का एडमिशन 15 दिन के उपरान्त कौन्सिल या निरस्त किया जाता है तो मेरे द्वारा जमा टोकन मनी (एस.सी. रुपये 10,000 सामान्य या 20,000/-) विद्यालय से वापसी की माँग नहीं करूँगा। इस कथन का मेरे द्वारा पूर्ण रूप से पालन किया जायेगा।

**All the disputes to the Firozabad jurisdiction only**

**This is to certify that I Father / guardian shall be responsible for regular payment of fees, any other due, good conduct & welfare of (Name of the student)..... During her/his studies in Firozabad School of Nursing/Hospital.**

**Signature of Father/Guardian**

**(For Office use only to be filled in by the admission officer)**

**Signature of the Candidate**

<b>Date of Admission:</b>	
<b>Course :</b>	A.N.M <input type="checkbox"/>
	G.N.M <input type="checkbox"/>
	Diploma in Optometry <input type="checkbox"/>
	Certificate in baby Nursing & child care <input type="checkbox"/>
<b>Cast :</b>	GEN <input type="checkbox"/>
	OBC <input type="checkbox"/>
	SC <input type="checkbox"/>
	ST <input type="checkbox"/>
	MIN <input type="checkbox"/>

Signature of the Director

Signature of the Principal