

Form No.: _____ / KHFHCON/Basic BSc. Nsg.

COLLEGE OF NURSING

KURJI HOLY FAMILY HOSPITAL, SADAQUAT ASHRAM P.O

PATNA – 800010, BIHAR, PHONE: 0612 – 2274727

E-mail khfhcollegeofnursing@gmail.com

(Affiliated to Bihar University of Health Sciences, Patna, Bihar)

APPLICATION FOR ADMISSION TO BASIC B.Sc. (N)

Note: 1) To be filed in applicant's own Handwriting. (In English)

2) Read the prospectus before filling the form

3) Not to be sold or photocopied

A recent passport
size photo of
applicant to be
affixed here

1. Name (as on Secondary Edu. Cert.):.....

2. Date of Birth (as per Sec. Edu. Cert.)

3. Age: Yrs. On:

4. Gender:..... 5. Marital Status:

6. Height: 7. Weight:

7. Nationality:..... 8. State:

9. Religion:

10. Category(SC / ST/ BC 1/ BC 2/EWS/Minority/Gen/ Other).....

11. Language (Speak/Write)

.....

12. Aadhar No.:

13. Father's Name:..... 14. Mother's Name:

15. Father's Occupation Mobile No.

16. Mother's Occupation Mobile No.

17. Guardian's Name (if father is not the guardian) :

18. Income of the Father / Mother/ Guardian.....

19. Telephone No. (i) Home..... (ii) Parent's Mobile No.:

(iii) Personal Mobile No. :

20. Address of Father/ Mother/Guardian:-

• Present Address:

.....

..... Mobile No.:

- **Permanent Address:**
-
-**Mobile No. :**

21. **Name of the Local Guardian**, who could be contacted in case of emergency:

22. **Relationship:** 23. **L. Guardian's Occupation:**

24. **Address of Local Guardian:**

..... **Mobile No:**.....

25. Educational Qualifications:

	Board/University	Year of Passing	Subjects	Maximum Marks	Obtained Marks	Percentage (%)
10th Class			N/A			
12th Class / Equivalent			Physics			
			Chemistry			
			Biology			
			English			
			Any other:-			

26. **Address of School/College where studied in 12th Class**.....

.....

27. **Tick marks your ability in extracurricular activities if any (attach photocopies):**

Elocution/Sports Dance Music, NCC etc.....

28. **Details of Relatives working or studying in Kurji Holy Family Hospital if any:**

Name	Relationship	Department

29. List of Family Members:-

- i)

Affix stamp size photo of father

 Father's Name:Age:
Occupation:Ph.No.....
Address:
.....

- ii)

Affix stamp size photo of mother

 Mother's Name:Age:
Occupation:Ph.No.....
Address:
.....

iii) Brothers/Sisters: -

Name	Age	Occupation	Phone No.	Address

30) List of Visitors, authorized by the father /guardian

Name	Age	Relationship	Ph. No.	Address

31) Relatives in Patna or nearby places, where the applicant may be allowed to go with Late or overnight Pass on guardian's risk and responsibilities: -

- i) Name: Age: Ph.No.....
Relationship: Address :.....
- ii) Name: Age: Ph.No.....
Relationship: Address :

LIST OF ENCLOSURES FOR BASIC BSc. NSG. (Please make a tick mark against statement)

Photocopies of the following documents: -

- | | |
|---|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Migration Certificate |
| <input type="checkbox"/> School leaving Certificate or T.C. (12 th) | <input type="checkbox"/> Character Certificate |
| <input type="checkbox"/> 10 th /Secondary Exam Mark sheet | <input type="checkbox"/> University Entrance Exam Result |
| <input type="checkbox"/> 10 th /Secondary Exam Board Certificate | <input type="checkbox"/> Caste Certificate |
| <input type="checkbox"/> +2 or its equivalent Examination Mark sheet. | <input type="checkbox"/> Aadhar Card& PAN Card |
| <input type="checkbox"/> +2 or its equivalent Exam board Certificate | |
| <input type="checkbox"/> For the sponsored candidate, a letter from the authorized person with the specific direction regarding payment | |
| <input type="checkbox"/> Demand Draft of Rs. 600/- in favour of KHFHS College of Nursing payable at HDFC Bank, Patliputra Branch | |

AGREEMENT

- I have read and understood the prospectus and regulations of College of Nursing, Kurji Holy Family Hospital, Patna. I hereby agree to abide by them.
- I shall not claim for my Certificates until I have paid all my dues and fulfilled all the requirements of College of Nursing.
- If I decide to discontinue the training after 15 days of admission for any reason or if the management asks me to discontinue the training due to a disciplinary action, I will have to pay the indemnity amount mentioned below as per the year of leaving: -
1st year - Rs. 1, 00,000/- ; 2nd year – 75,000; 3rd year - Rs. 50,000/- ; 4th year – 25,000/-
- I hereby agree to join the educational trip and other field posting as required for clinical experience planned at the discretion of the college authorities.

Date

.....

Signature of the student

I hereby agree for surety for the applicantand bind myself to abide by the above agreement.

Date

.....

Signature of Father/Mother/Guardian

DECLARATION

We declare that the statements given on the application form are true. We accept the rules and regulations of the College according to the prospectus and the policy of Kurji Holy Family Hospital, Patna and that the College of Nursing authorities have the right to discipline, suspend, or dismiss a student for inefficiency, misconduct, forgery in original certificates submitted at the college or behaviour which is detrimental to the work of a Christian Institution. We are willing to accept any addition, amendments and alteration which may be made from time to time to the above terms, and conditions.

.....
Applicant's Signature & date

.....
Signature of Father/Mother/Guardian & date

DECLARATION OF RAGGING

We hereby agree that if found guilty of any aspect of ragging by indulging, participating, propagating or hurting anyone physically or psychologically or cause any other harm then the candidate will be punished or expelled as per provisions of the UGC regulations.

..... Date :
Signature of Father/Mother/Guardian

..... Date :
Signature of the Applicant