Form No:	/ KHFHCON/Basic BSc. Nsg.	<b>ANAT %.:</b>	

## **College of Nursing**

## KURJI HOLY FAMILY HOSPITAL, SADAQUAT ASHRAM P.O

PATNA – 800010, BIHAR, PHONE: 0612 – 2274727

E-mail <u>khfhcollegeofnursing@gmail.com</u> Website:- www.collegeofnursingkhfhpatna.org

(Affiliated to Aryabhatta Knowledge University, 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

3) Not to be sold or I	rnotocopiea	affixed here
1. Name (as on Secondary Edu.	Cert.):	
2. Date of Birth (as per Sec. E	Edu. Cert.)	
3 <b>Age:</b> Y	rs. On:	
4. <b>Gender:</b>	5. Marital Status:	
6. <b>Height:</b>		
7. Nationality:	8. Applicant's Mobile no.	
9. <b>Religion:</b>		
10. Category(SC / ST/OBC/	Minority/Gen):	
11. Language (speak/Write	e)	
12. <b>Aadhar No</b> .:		
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 fa	nther is not the guardian) :	
18. Income of the Father / I	Mother/ Guardian	
19. <b>Telephone No</b> . (i) <b>Home</b>	e (ii) Parent's Mobile No.: .	
(iii) Perso	onal Mobile No. :	
20. Address of Father/ Mot	her/Guardian:-	
• Present Address:		
	Mobile No	
• Permanent Address.		
- 1 cimanent Audi ess.	B.C. 1. 91 . B.T.	

21 N	Name of 1	he Local (	Guardian v	vho could be	contacted in ca	ase of emergeno	w.	
						•	•	
		_				s Occupation		
24. <i>A</i>	Address o	of Local G	uardian:	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
				• • • • • • • • • • • • • • • • • • • •	Mob	ile No:		
25. <b>I</b>	f vou are	a religiou	ıs sister – yo	our religiou	s name			
	Ū	O	•	O				
		O	O					
Γ	Name & A	Address of	the Religio	ous Order .	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
]	Ph. No.of	Provincia	l Superior:		•••••			• • • • • • • • • • • • • • • • • • • •
25 I	Education	nal Qualifi	ications <sup>.</sup>					
				Year of		Maximum	Obtained	Percentage
		Board/U	<b>Jniversity</b>	Passing	Subjects	Marks	Marks	(%)
12 <sup>tl</sup>	Class /				Physics	1/20222	2720222	(10)
Equ	uivalent				Chemistry			
					Biology			
					English			
					Total			
10 <sup>tl</sup>	<sup>1</sup> Class				Total			
27. Tick mark your ability in extracurricular activities if any (attach photocopies):  Elocution/Sports/ Dance/ Music/ NCC etc								
20.			working in			pitai ii aiiy.	<b>D</b> 4	,
		Name		Kel	ationship		Departm	ent
20.1	ist of To	:1 Mara	shange Dhate		:44 od (atom	ai-a)		
29. <b>I</b>	st of Fa	mily Mem			mitted (stam	•		
i)			Father's	Name:		Age:	• • • • • • • • • • • • • • • • • • • •	
<u> </u>	tamp size of father	Occupati	on:		Ph.No			
		Occupation:Ph.No Address:						
			Address				•••••	• • • • • • • • • • • • • • • • • • • •
		• • • • • • • • • • • • • • • • • • • •	 					
•••			Mother's Name:Age:					
ii)	Affix stamp size	N/LOthor's	uvame:		Age.			
	Affiy eta	amn size	Mouner 8	r (anno:	• • • • • • • • • • • • • • • • • •	180	• • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
						Ph.No		
		amp size f mother	Occupati	on:			•••••	

iii)	Affix stamp size	Name:Age:				
	photo of	Occupation: Ph.No				
	sister/brother	Address:				
iv)	Affix stamp size photo of	Name:Age:				
	sister/brother	Occupation:Ph.No				
		Address:				
<b>30)</b> I	List of Visitors, au	thorized by the father /guardian				
i)		Name:Age:				
	Affix stamp size photo	Occupation:Ph.No				
	prioto	Address:				
ii)		¬ Name:				
,	Affix stamp size	Occupation:Ph.No				
	photo	Address:				
		or nearby places, where the applicant may be allowed to go with Late or guardian's risk and responsibilities:-				
i)		Name:Age:				
	Affix stamp size photo	Relationship: Ph.No				
	pinoto	Address:				
LIST	Γ OF ENCLOSUR	EES FOR BASIC BSc. NSG. (Please make a tick mark against statement)				
Phot	tocopies of the follo	owing documents:-				
☐Birth Certificate		☐Migration Certificate				
☐School leaving Certificate or T.C.		or T.C.				
_	racter Certificate	☐Secondary Exam Board Certificate				
	•	ate, a letter from the authorized ction regarding payment.				
□ <b>+2</b> (	or its equivalent Exami	nation Mark sheet				
□+2 ¢	or its equivalent Exam	board Certificate				
□Cas	ste Certificate					
		/- in favour of <b>KHFHS College of Nursing</b> payable at HDFC Bank Ltd., Patliputra, Patna. (In case the application form is taken from website.)				

## **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 a student decides to discontinue the training for any reason; other than sickness or if the management asks a student to discontinue the training due to a disciplinary action, she will have to pay the amount mentioned below in order to compensate the loss caused due to vacating the seat in the middle of the session- 1<sup>st</sup> year Rs. 1,00,000/-, 2<sup>nd</sup> year Rs. 75,000/-, 3<sup>rd</sup> year Rs. 50,000/-,4<sup>th</sup> year Rs. 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 application by the above agreement.	cantand bind myself to abide
Date	Signature of Father/Mother/Guardian
	<b>DECLARATION</b>
regulations of the College according to Patna and that the College of Nursing student for inefficiency, misconduct,	on the application form are true. We accept the rules and the prospectus and the policy of Kurji Holy Family Hospital, authorities have the right to discipline, suspend, or dismiss a or behaviour which is detrimental to the work of a Christian my addition, amendments and alteration which may be made and conditions.
Applicant's Signature & date	Signature of Father/Mother/Guardian & date
	SURGERY PERMIT
to have any emergency operation perform	my daughter
Date :	
Signature of Father/Mother/Guardian	Relationship of the Guardian
DEC	CLARATION OF RAGGING
propagating or hurting anyone physical	f any aspect of ragging by indulging, participating, lly or psychologically or cause any other harm then the as per provisions of the UGC regulations.
Date :	Date :

Signature of the Applicant

Signature of Father/Mother/Guardian