



ADMISSION FORM

Sl. No. _____ This Form is to be filled in the Applicant's own hand writing in **BLOCK LETTERS**.

Course Applied For

Year Applied For

1. Enrolment Number (For Office Use Only)

2. Full Name of The Applicant

3. Father's/ Husband's Name

4. Mother's Name

5. Nationality

6. Date of Birth

D B H M Y Y Y Y

7. Age on Sep 1, 2010

0 0

6. Sex

F M

7. Resident

Urban Rural

8. Category

Gen SC ST OBC Other

11. Permanent Address for Correspondence (Do not Repeat Name)

District

State

Pin Code

STD Code

Telephone/ Mobile No.

E-mail Address (if any)

Sl. No. **1114**

FACULTY OF NURSING
 Kamla Nehru Institute of Management & Technology, Sultanpur (UP)

ADMIT CARD

Roll No. _____

Name of Student _____

Father's Name _____

Mother's Name _____

_____ has permitted this Written Text.

Place, Date & Time of Examination _____

Affix here
Applicant's New
Passport Size
Colour Photograph

Note : Keep this Admit Card tile to Final Admission.

Signature of Issuing Authority

12. Qualification Intermediate Graduate Post Graduate

13. Intermediate Group PCM PCB ART

14. Details of Academic Qualification (From 10th Standard Onwards and attached Photo copy of All)

Name of the Exam	Name of the Institute	University/ Board	Subject	Year	%age	Div

DECLARATION BY THE APPLICANT

I hereby declare that all particulars stated in this application are true to best of my knowledge and belief. I have read and understood the provisions mentioned in the prospectus and agree to abide by them. In the event of supervision or distortion of any fact like educational qualification, nationality and study period etc. made in this application form, I understand that my registration/ admission is liable to be cancelled at any stage.

Place : _____

Date : _____

Signature of Parents/ Guardian

Signature of Applicant

FOR OFFICE USE ONLY

Declaration by Principal

I am _____

Place : _____

Date : _____

Principal
Signature & Seal