

Himalayan Group of Professional Institution Joginder Nagar

Near Kissan Bhawan , Cinema Road
Joginder Nagar, Distt. Mandi (H.P.)



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Fax No. 01908-224676

Email : hpnurses@ gmail.com

www.hpnurseshimalayan.com

(Affiliated by H.P.N.R.C. Shimla & I.N.C. New Delhi)

ADMISSION FORM FOR 4YEARS B.Sc. NURSING

SESSION : 20-----

Note :- Incomplete admission form in any respect shall be directly rejected and no correspondence shall be made/entertained in this regard (to be assigned by the office)

(In Block Letters)

Admission :		D.O.A.....		Affix latest passport size photograph																											
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	Date	Month	Year								M	F																			
Birth Place :		Nationality		Office Use																											
Address for correspondence : Telephone No. <table border="1" style="display: inline-table; width: 150px; height: 15px;"></table>				Reg. No																											
Permanent Address : Telephone No. <table border="1" style="display: inline-table; width: 150px; height: 15px;"></table>				Admission Granted/Rejected																											
				Principal																											

EDUCATION QUALIFICATION

Course	Board/University	Optional Subject	Year of Passing	Total Marks	%age
Matric					
10+2					
Technical Qualification					
Additional Qualification					

Religion/community :

Hindu/Christian/Muslim/any other

Category of seat under which admission is being sought (tick the category)

(a) State quota ☐

(b) Management Quota ☐

Languages Known	Read	Write	Speak

Address of college/School last Attended :

Extra Curricular Activities : (if any)

a.

b.

c.

d.

UNDERTAKING

I Father/Mother of who has been admitted to undergo

..... Diploma course at Himalayan Group of Professional Institution Joginder Nagar.

Undertake as under:-

1. That I will deposit the fee of my ward as per the schedule laid down by the institution.
2. That my ward will observe utmost discipline and abide by the rules & regulation of the institution.
3. That my ward will come in complete uniform prescribed by the institution
4. That my ward will regularly attend the classes and achieve 85% attendance in theory and 100% attendance in clinical to become eligible to sit in the annual examination.
5. That my ward will not break/damage any property of the institution. In case of any damage done by my ward I shall pay for the damaged item.
6. That I fully understand that the fee deposited by me/my ward is non refundable & that I will not claim the same after admission of my ward under any circumstances except the refundable security deposit.
7. In case of any dispute, the jurisdiction for legal proceedings will be at Joginder Nagar only.
8. During the entire course of training period, the management is empowered to increase/change the fees as ordered by Himachal Government & these changes will be binding on us.
9. That I agree to pay the full amount of hostel rent as well as institution fee etc., if the applicant leaves the institute before the completion of the course.

Signature of the Student.

Signature of the Parents/Guardian

Signature of the Principal