



# **ARIHANT COLLEGE OF NURSING**

Approved by : Ministry of Health & Family Welfare Uttarakhand

Recognized by : Indian Nursing Council New Delhi

Affiliated to : H.N.B. Medical Education University, Dehradun, Uttarakhand Nurses & Midwives Council,

Dehradun & State Medical Faculty Dehradun.

Opp.- Hotel Sarover Portico, Near-Crystal World, Roorkee-Haridwar Highway, Shantersha (Haridwar)

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## **Registration Form**

**Form Should be Filled Carefully by the Student in his own hand Writing.**

- 1.Class in which admission is required.....
- 2.Name of student.....
- 3.Father's Name.....4.Occupation.....
- 5.Mother's Name.....6.Occupation.....
- 7.Nationality.....8.D.O.B. ....
- 9.Religion.....Caste-Gen./OBC./S.C./ST. ....
- 10.Language Known- Hindi/English/Others.....
- 11.Gender- Male.....Female.....
- 12.Marital Status- Unmarried  Married
- 13.Parmanent Address ..... Ph.No. ....
- 14.LocalAddress..... Ph.No. ....
- 15.Disabled- Yes / No

### **16.Educational Qualification-**

Sr.No.	Class/Course	Board/Univ.	School/College	Year	Div.&%	Subjects
1.						
2.						
3.						
4.						
5.	Others					

Place.....

**Date.....**

**Signature of Applicant**

I hereby Certify that the Information / Details is true to the best of my Knowledge If find any thing false. my Candidature is liable to be cancelled at any stage of my training Period.

Place-----

Signature of Applicant

Date-----

Signature of Parents

**Please attached the certificates – (Please  Tick)**

- |  |                          |
|--|--------------------------|
| 1. High School Mark sheet                          | <input type="checkbox"/> |
| 2. High School Certificate                         | <input type="checkbox"/> |
| 3. Intermediate Mark sheet                         | <input type="checkbox"/> |
| 4. Intermediate Certificate                        | <input type="checkbox"/> |
| 5. 4 Photographs (Passport Size)                   | <input type="checkbox"/> |
| 6. Transfer Certificate (Original)                 | <input type="checkbox"/> |
| 7. Character Certificate                           | <input type="checkbox"/> |
| 8. Domicile  | <input type="checkbox"/> |
| 9. Caste Certificate                               | <input type="checkbox"/> |
| 10. Migration ( If Required)                       | <input type="checkbox"/> |
| 11. Affidavits                                     | <input type="checkbox"/> |
| 12. Adhaar Card                                    | <input type="checkbox"/> |
| 13. Physical Fitness Certificate                   | <input type="checkbox"/> |
| 14. Demand Draft of Rs. 500<br>(Registration Fees) | <input type="checkbox"/> |

**Note :** All the Xerox Copies Should be attested by the Student  
D.D. Should be in Favour of Arihant College of Nursing  
Payable at Haridwar (Uttarakhand)