

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, Shantershah (Haridwar)

Ph. - 9759344777, 9759355777, 9897345757

E-mail: aes1818@gmail.com., aes18@rediffmail.com. Web-site: www.ancindia.org

ADMISSION FORM

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

1. Class in which admission is required _____ Session _____

2. Name of Student _____ Ph.No. _____

3. Father's Name _____ 4.Occupation _____ 5.Ph.No _____

6. Mother's Name _____ 7.Occupation _____ 8.Ph.No. _____

9. Nationality _____ 10.Religion _____

11. D.O.B.

D	D	M	M	Y	Y	Y	Y
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 12. Age _____

13. Caste-Gen./OBC/SC/ST- _____

14. Gender- Male Female

15. Marital Status- Unmarried Married Widow/Widower Separate

16. Permanent Address (acc. to aadhar) _____

_____ Pin Code _____ Email Id _____

17. Local Address _____

_____ Whatsapp.No. _____

18. Are you appear in Govt. Entrance Exam? -Yes/No- 19.Disabled- Yes / No-

20. Educational Qualification-

Sr. No.	Class/Course	School/College	Board/Univ.	Year	Div. & %	Subjects
1.	10 th					
2.	12 th					
3.	U.G.					
4.	P.G.					
5.	Others					

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

Place _____

Signature of Applicant

Date _____

Guardian's Name (relation with student)

Signature of Guardian

Please attached the certificates – (Please ✓ Tick)

- | | |
|--|--------------------------|
| 1. High School Mark sheet/ Certificate | <input type="checkbox"/> |
| 2. Intermediate Mark sheet/Certificate | <input type="checkbox"/> |
| 3. G.N.M. Course I Year Mark sheet | <input type="checkbox"/> |
| 4. G.N.M. Course II Year Mark sheet | <input type="checkbox"/> |
| 5. G.N.M. Course III Year Mark sheet | <input type="checkbox"/> |
| 6. B.Sc. (N) I Year Mark sheet | <input type="checkbox"/> |
| 7. B.Sc. (N) II Year Mark sheet | <input type="checkbox"/> |
| 8. B.Sc. (N) III Year Mark sheet | <input type="checkbox"/> |
| 9. B.Sc. (N) IV Year Mark sheet | <input type="checkbox"/> |
| 10. 8 Photographs (Passport Size) | <input type="checkbox"/> |
| 11. Transfer Certificate (Original) | <input type="checkbox"/> |
| 12. Character Certificate (Original) | <input type="checkbox"/> |
| 13. Domicile | <input type="checkbox"/> |
| 14. Caste Certificate | <input type="checkbox"/> |
| 15. Migration (If Required) | <input type="checkbox"/> |
| 16. Affidavits | <input type="checkbox"/> |
| 17. Aadhaar Card (Student & Guardian) | <input type="checkbox"/> |
| 18. Physical Fitness Certificate | <input type="checkbox"/> |

(All the Xerox Copies Should be attested by the Student)

BANK DETAILS:

Account Name - Arihant College Of Nursing
Account Number - 4871002100001671
IFSC Code - PUNB0487100

Authority Signature