



**12. Adhar Card No.**

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**13. Educational Qualification (High school Onwards)**

EXAMINATION Passed	Board / University	Year	Roll No.	Division	Percentage	Subject

14. Hostel accommodation : YES  NO

Date: .....

(Signature of Applicant)

Time: .....

**TO BE FILLED BY THE PARENTS / GUARDIANS OF THE APPLICANT**

I Have gone through the above mentioned particulars and allow my son/daughter/wife to join Diploma/Degree Course (which are mention below) of Sushrut Institute of Nursing and Paramedical Sciences and I assure you that my son/daughter/wife will obey the instruction/ Orders Issued by the Director / Principal of the institute directly or by any authorized person .

(Please tick on any one course)

Application for Course B. Sc Nursing  GNM  ANM  O.T  E.T.C.T   
 Physiotherapy

**Enclosure:-**

1. Attested copy of High School Certificate .....
2. Attested copy of High School Mark sheet .....
3. Attested copy of intermediate mark sheet .....
4. Character from the last attended institution.....
5. Caste certificate (if required) .....
6. Six passport size photographs .....
7. Self-addressed two envelop with Rs 30/- Stamp.....
8. Adhar car (Address & ID Proof)

Admission cannot be claimed as a matter of right in the Sushrut institute of nursing and paramedical sciences

**Declaration** I .....D/O

.....do hereby solemnly affirm and declare that

1. Information in this form is correct to the best of my knowledge and belief and nothing has been concealed by me.
2. I shall abide by the orders, rules and regulations of this School as stated in the Prospectus. Ignorance of the same will not be excused by the School authorities.
3. I shall not violate the rules of the School by taking part in any kind of strikes, ragging or such other activities harmful to the Administration / School. If I do so, my name should be struck off from the School and I shall not claim any return of fees paid
4. I admit that any charges / fees paid to the School will neither be refundable nor transferrable, whatsoever may be the reason.
5. In case I leave the School before the completion of the course, I shall be liable for payment of all dues, whatsoever, before 'no dues certificate' is issued by the School.
6. I shall pay the fees and all other dues in time as mentioned in the Prospectus / notified from time to time.
7. I will attend regular classes and participate in School activities and self-development programmers.
8. All the disputes are subject to the jurisdiction of Lucknow Court only. Date Signature of the Candidate this is to certify that I, father / guardian of above shall be responsible for regular payment of fees, any other dues, good conduct and welfare of Mr/Ms ..... during his/her studies in this School. Date Signature of Father / Guardian List down the Enclosure(s) :

Date.....

Signature of the Guardians/Parents

## **CERTIFICATE – WILLINGNESS CERTIFICATE**

I.....daughter of .....declare that :-

- (a) I fulfil all the eligibility conditions for admission to Sushrut institute of plastic surgery pvt as laid down in the prospectus.
- (b) I have passed the qualifying examination in .....(Year)
- (c) I have read all the rules for admission to B.Sc. Nursing GNM/ANM/ETCT/OT/PYSIOTHERAPY course and only after understanding these rules, I am submitting this declaration.
- (d) The information given by me in my application is true to the best of my knowledge.
- (e) I hereby agree to confirm to any rule, act and law enforced by Sushrut institute of plastic surgery Pvt. Ltd and I hereby undertake that as long as I am a student of Sushrut institute of plastic surgery Pvt. Ltd, I will do nothing either inside or outside the institute that will result in disciplinary action against me under the rules, act and laws of the Sushrut institute of plastic surgery pvt ltd,lucknow.
- (f) I fully understand that the Management of Sushrut institute of plastic surgery pvt ltd,lucknow will have full liberty to expel/rusticate me from the college for any infringement of the rules of conduct and discipline prescribed by the institute.
- (g) I undertake and bind myself to pay tuition fee and other charges as laid down in prospectus. I fully understand that the case of fee revision is under the consideration of Management of the Sushrut institute of plastic surgery Pvt Ltd, lucknow Fee Regulatory Committee. I also undertake to pay the revised fee and other charges as revised by Sushrut institute of plastic surgery Pvt Ltd, lucknow from time to time and in case of default on my part the Management of the by Sushrut institute of plastic surgery pvt ltd,lucknow may take action as deemed fit including striking off my name from the rolls of the college.
- (h) I fully understand that ragging is banned in the College and Hostel and if I indulge in such an act, I shall be subject to laid down punishment. I have read and I certify/accept all of the above clauses.

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Signature of the Parent

Signature of the Candidate Date: 2017 Date:

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ACCEPTING AUTHORITY (For office use only) 1. Accepted/Rejected:

..... (Mention in Ink in front) 2. If rejected assign reason clearly:

..... Date: 2017 (Signature along with Name & Designation)