



LORD SHIVA SCHOOL OF NURSING, SIRSA ADMISSION FORM

DISCIPLINE

(Session 20..... 20.....)

Paste a recent
photograph

1. Name :
2. Sex :
3. Father's Name :
4. Mother's Name :
5. Date of Birth :Age..... upto Dec.....
6. Adhar Number :
7. Religion :
8. Caste :Category (SC/BC/SBC/Gen/PH)
9. Nationality :
10. Admission Provided in which category :
11. Whether you have Haryana domicile : Yes/No District-..... State.....
12. Qualification

Standard	Board/Uni.Roll No.	Year of Passing	Max Marks	Marks Obtained	%age	Whether Studied Bio/Math at 10+2 level
10th						
12th						
Any other						

List of Essential Document Required

Yes / No

- | | |
|---------------------------------------------|-------|
| 1. 10th DMC (Original/Photocopy) | _____ |
| 2. 12th DMC (Original/Photocopy) | _____ |
| 3. Haryana Resident Certificate (Photocopy) | _____ |
| 4. Adhar Card (Photocopy) | _____ |

List of additional documents for SC/BC Candidates

- | | |
|----------------------------------------------------|-------|
| 1. Caste Certificate (Photocopy) | _____ |
| 2. Income Certificate of Father (Original) | _____ |
| 3. Gap year certificate (if applicable) (Original) | _____ |

Mobile No (Parents)..... Student

13. Health Status

- A. Blood Group..... B. Height.....cm
- C. Whether suffering from any infectious diseases:.....
- D. If you are allergic to some particular drug/substances:.....

14. ADDRESS

(a) Permanent Address: Name.....Father's/Gurdian Name.....

H.No.....Gali/Sector/.....VPO..... Tehsil.....District.....

PIN.....State.....

Declaration

I hereby declare that, I fulfill the minimum eligibility criteria and I have provided the necessary information (from Sr.No.1 to 14) in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable to cancellation by the college at any time and I shall not be entitled to refund of any fee paid by me.

I further declare that I shall abide by the rules of the college and follow any other such rules framed from time to time.

Signature of Father/Guardian

Signature of candidate

APPROVAL

She is allowed to attend her regular classes w.e.f._____

Date:

Director/Principal