



Form No: \_\_\_\_\_

**VIVEKANAND COLLEGE OF NURSING & INSTITUTE OF  
PARAMEDICAL SCIENCES,**

Asian Vivekanand Super Specialty Hospital, Kanth Road, Moradabad (U.P) -244001

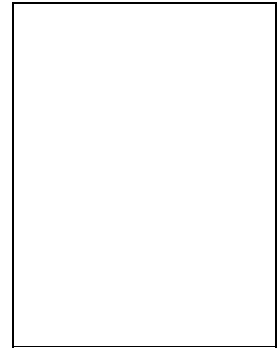
**APPLICATION FORM**

(Session: 2021-2022)

Date \_\_\_\_\_

Course Applied for: .....

1. Name.....
2. Father's/Guardian's Name.....
3. Mother's Name.....
4. Father's/Guardian's Occupation.....
5. Date of Birth..... Age.....
6. Place of Birth.....
7. Sex: Male/Female..... Marital Status: .....
8. Address for Correspondence (with pin code and Telephone No.) .....
- .....
- .....
9. Permanent Address (with pin code and Telephone No.) .....
- .....
- .....
10. Religion .....
11. Category (SC/ST/OBC/Gen) .....
12. Annual Income of Parents/Guardian.....
13. Nationality.....
14. Whether hostel accommodation is required-Yes  NO  Please Tick (√)
15. Domicile: .....



Signature of the Student

Signature of the Parent/Guardian

**16. Details of Qualifying Examination.**

<b>Exam Passed</b>	<b>Name of School/College</b>	<b>Board/ University</b>	<b>Year of Passing</b>	<b>Marks Obtained/ Max Marks</b>	<b>% of Marks</b>	<b>Subjects</b>
High School						
Intermediate						
GNM						

**17. Details of Any Other Qualifying Examination.**

<b>Exam Passed</b>	<b>Name of School/College</b>	<b>Board/ University</b>	<b>Year of Passing</b>	<b>Marks Obtained/ Max Marks</b>	<b>% of Marks</b>	<b>Subjects</b>

Signature of the Student

Signature of the Parent/Guardian

Date: .....

Date: .....

Place: .....

Place: .....



**VIVEKANAND COLLEGE OF NURSING & INSTITUTE OF  
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**DECLARATION TO BE SIGNED BY THE PARENT/GUARDIAN**

I.....F/o, M/o, G/o ..... a candidate who is applying for admission in ..... course, hereby declare that the particulars furnished by my son/daughter/ward in this application form are correct to the best of my knowledge and belief.

I undertake and bind myself to pay on behalf of my son/daughter/ward such fees, charges etc. which the Institution may levy from time to time by due date and in the event of failure on my part and/or on part of my ward, the authority of the institution may take such action against my ward as deemed fit by the institution.

I undertake and bind myself that my son/daughter/ward named ..... shall not discontinue the course..... in which she / he is admitted, during or before the completion. If any untoward circumstances arise and he / she is forced to discontinue that course, I shall pay all the fees as prescribed in the prospectus for the entire duration of the said course.

Place: .....

Date: .....

Signature of the Parent/Guardian

## **Declaration by the Candidate and Parent / Guardian**

(On Non-Judicial Stamp paper worth Rs.10/- duty notarized)

I..... S/O, D/O, W/O.....hereby declare that I have read all the rules of admission for the year ..... and after understanding these rules, I have filled in the application form for admission to the course .....

The information given by me in the application form is true to the best of my knowledge and belief.

I have not been debarred from appearing in any examination held by any Government or any constituted statutory examination authority in India. I understand that no other document other than those attached to the application form will be entertained for the purpose of claims / concessions etc. in connection with my admission.

I hereby agree to abide by all rules, acts and laws in force by the Institution and revised from time to time. I hereby undertake that as long as I am a student of the institution, I will do nothing either inside or outside the institution which may result in disciplinary action against me under the rules, acts and laws referred to.

I hold myself and my parents / guardians responsible for the timely payment of all the dues i.e., admission fee, Fines, Hostel fees, Canteen, Mess and other charges, during the period of my studies and I understand that the fees / dues once paid are not refundable, I will pay yearly admission fees in time.

I agree to pay the full amount of hostel fee as well as the institution's fee if I leave the institute before the completion of the course. I also agree to attend hospital and community duties at my own cost. The training expenses of the hospital if any shall also be borne by me.

I understand that, if any breakage of equipments / materials etc. either in the hospital or in the hostel or in demonstration room or in laboratories occur, will be borne by me and the onus shall lie on me.

I understand that, if I directly or indirectly take part in any movement to create any kind of disturbance during my study period in the institution or to hold or address a meeting in the institutions without the permission of the Director/GM(EDU)/Principal or participate in any other activity which in the opinion of the authorities will undermine the institute's discipline or found guilty of unsatisfactory work or misconduct in anyway, then my name may be removed from the rolls of the institution or that I may be fined, rusticated or expelled from the institution as decided by the authorities. I also agree that the decision of the authorities in such matters shall be final and binding on me.

I solemnly declared that information furnished by me in the application form and other relevant papers related to admission submitted by me are true and correct to the best of my knowledge of belief. I understand that my admission can be cancelled if any information given by me is found to be incorrect or incomplete and agree that in such case any fees paid by me shall not be refunded.

I understand that I shall be liable to punishment as per rules and regulations of the institutions and the council / university to which the institute is affiliated or recognized.

I fully understand that the principal will have the right to expel / rusticate me from the institution for any infringement of the rules or conduct and discipline prescribed by the institution.

I declare that I have not paid any donation or any other fund for the sake of admission to the institution except the amount mentioned in the prospectus.

I have read the above statement carefully and agree to abide by it.

Signature of the Student

Signature of the Parent/Guardian

**Date:** .....

**Date:** .....

**Place:** .....

**Place:** .....



Form No: \_\_\_\_\_

# VIVEKANAND COLLEGE OF NURSING & INSTITUTE OF PARAMEDICAL SCIENCES,

Asian Vivekanand Super Specialty Hospital, Kanth Road, Moradabad (U.P) -244001

## Hostel Accommodation Application Form

(Session: 2020-2021)

1. Name: .....

2. Mothers Name: .....

3. Father's Name: .....

4. Course: ..... Batch .....

5. a) Permanent Address: .....

.....

Pin: ..... Phone No.....

b) Postal Address: .....

.....

.....

Pin: ..... Phone: .....

6. Name of the Local Guardian: .....

Relation with Student: .....

Address of Local Guardian: .....

.....

Pin: ..... Phone.....

Affix your  
attested recent  
passport size  
photographs

### Undertaking

I undertake that I shall strictly follow the hostel rules, failing which disciplinary action may be taken against me. I understand that the fee deposited by me is non-refundable and I shall not be entitled to any claim even if I leave the hostel during session.

.....  
Signature of the student

Date: .....

Place: .....

.....  
Countersigned by Guardian/Parent

Date: .....

Place: .....

## Details of Authorized Visitors to be Permitted to Visit the Student

Name of the student: .....

Father's Name: .....

Course: ..... Year of admission: .....

1. Visitor's Name: .....

Address: .....

.....

Relation: ..... Contact No.: .....

Affix your  
attested recent  
passport size  
photographs

2. Visitor's Name: .....

Address: .....

.....

Relation: ..... Contact No.: .....

Affix your  
attested recent  
passport size  
photographs

3. Visitor's Name: .....

Address: .....

.....

Relation: ..... Contact No.: .....

Affix your  
attested recent  
passport size  
photographs

Photos of all visitors to be attested by the parent/Guardian

.....

.....

Signature of Parent/Guardian

Signatures verified by the principal

NB: Only the parents, local guardian and the above-mentioned visitors will be permitted to visit the hosteller. Visitors are not allowed to meet the students in college or hostel without permission of the principal/warden



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**VIVEKANAND COLLEGE OF NURSING & INSTITUTE OF  
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Asian Vivekanand Super Specialty Hospital, Kanth Road, Moradabad (U.P) -244001

**Report of the Medical Board**

(Session: .....)

OPD Registration No: .....

Date: .....

Admitted in the Course: .....

Name: .....Age / Sex: .....

Mother's / Father's Name: .....

Marks of Identification: .....

Signature of the student: .....

**Gynecology Department: (Inc case of female candidate)**

Findings: .....

Signature of Gynecologist

**Ophthalmology Department**

Vision with Glass (RE).....(LE).....

Vision Without Glass (RE)..... (LE).....

Color Blindness (RE)..... (LE).....

Signature of Ophthalmologist

# General Physician's Report

Findings .....

Mr. / Ms.: .....

S/O, D/O: .....

has been examined and found medically fit / unfit for admission in the institution.

**Date.....**

**Signature and seal of the  
General Physician**

(If the candidate is found unfit, please state the reason thereof.)

**Date.....**

**Signature and seal of the  
General Physician**



**Vivekanand College of Nursing & Institute of Paramedical Sciences,**  
Asian Vivekanand Super Specialty Hospital, Kanth Road, Moradabad (U.P) -244001

**NOTE:**

**Attach documents as per Annexure along with the filled in Application Form.**

**List of Documents**

**(To be attached by the student, whatever is applicable, with the filled in Application Form)**

1. Attested photo copy of High School (10<sup>th</sup> Standard) Marks Sheet.
2. Attested photo copy of High School (10<sup>th</sup> Standard) Certificate.
3. Attested photo copy of Intermediate (12<sup>th</sup> Standard) Marks Sheet.
4. Attested photo copy of Intermediate (12<sup>th</sup> Standard) Certificate.
5. Attested photo copy of Marks Sheet of any other Qualification.
6. Attested photo copy of Degree/Diploma of any other Qualification.
7. Attested photo copy of Transfer Certificate from last Institution attended.
8. Attested photo copy of Migration from last Board/University attended.
9. Attested photo copy of Character certificate from last Institution attended.
10. Gap Year Affidavit (if any).
11. Affidavit on Non-judicial stamp paper of Rs.10 for abiding College rules and regulations duly signed by student & parents.
12. Anti-ragging undertaking duly signed by student & parents.
13. Caste certificate in case of SC/ST/OBC student.
14. Parental income certificate (Required only in case of Parental annual income less than Rs.2 Lac).
15. Medical fitness certificate on prescribed Performa.
16. Physically handicapped certificate (if applicable).
17. Recent passport size colored photograph (4 Nos).

**Note:**

1. Please Tick (√) all the documents that are attached with the filled in Application Form.  
Total No. of Documents attached .....
2. Original Certificate and Marks Sheets are to be produced for verification at the time of Admission.



## **DISCIPLINARY ACTION**

The Management of the School/College/Institute reserves its right to take suitable disciplinary action against the student(s)/Teachers and other staff found guilty of violating the rules and regulations or committing other offences of serious nature for which the Management of the School/College/Institute are duly empowered and the decision/action taken by them in such matters shall be final and binding upon such student(s)/ Teachers and other Staff.

**In exercise of the powers conferred on them by the management they may take following penal action, against the guilty student(s)/ Teachers and other Staff -**

1. Imposition of fine.
2. Suspension for a specified period depending upon the gravity of the offence/guilt.
3. Debarring from taking examinations conducted by the U.P. State Medical Faculty, Lucknow and or M.J.P. Rohilkhand University, Bareilly for a period of one or more than one year.
4. Expulsion from the School/College/Institute/Hostel.

Signature of the Student

**Date:** .....

**Place:** .....

Signature of the Parent/Guardian

**Date:** .....

**Place:** .....