Form No: Ph.: 8146344322



OAKSCOLLEGE OF NURSING

Village Abhipur, P.O Khizrabad, Distt. Mohali – 140109

Approved by Punjab Government, recognized by PNRC, Chandigarh; INC, New Delhi and affiliated to Baba Farid University of Health Sciences, Fridkot **APPLICATION FORM FOR ADMISSION(SESSION 2023-2024)**

ATTESTED PHOTOGRAPH OF THE CANDIDATE

COURSE APPLIED FOR BS.c(N) PB.B	.Sc GNM ANM M.Sc
1. Name (IN CAPITAL LETTERS)	
2. Father's Name (IN CAPITAL LETTERS)	
3. Mother's Name	
4 Occupation of Father	
5 Occupation of Mother	
6 Total Family income per year	
7. Gender: Male	Female
8. Date of Birth Day	Month Year
9. Category Gen SC	BC Any Other
10. Marital Status Married	Un Married
11. Adhar Card No	
12. Address of Correspondence	
	Pin:Telephone No
13. Permanent Home Address	
14 D	Pin: Telephone No
14. Domicile Status15. Hostel Facility to avail	Punjab State Other State State No
16. Academic Qualification	Tes NO
	OLI NO VEAR SURIECT MARKS

EXAMINATION	UNIVERSITY	ROLL NO.	ILAK	SUBJECT	MAKKS		
					MAX.	OBTAINED	%AGE
Class 10 th							
10+1							
10+2							

17.	Undertaking and pledge by candidate:-
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- I hereby certify that the entries made by me in this form are correct to the best of my knowledge and I have not concealed any information in any manner.
- b) I agree to observe and abide by all the rules and regulations of the Institution in which I may be admitted, including those with regard to programme of studies, syllabus, scheme of examination, examination rulesand the hostel rules that may be laid from time to time by Baba Farid University of Health Sciences and / or Silver Oaks College of Nursing during the period of my studies and I will not associate myself with any activity prejudicial to the discipline of Institution.
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	c)	I fully understand that for any violation or infringe can be taken against me by the authorities which n					
	d)	d) I certify that I am not involved in any illegal activity and no criminal case is pending against me in any court oflaw.					
	e)	I understand that if at any stage, it is found that I h					
	f)	shall stand cancelled automatically and I shall have If I decide to leave mid term then I am bound complete course of year.					
Dat	e: -		Sig	nature of the Candidate			
		Undertaking by l	Parent / Guardian				
		at my son / daughter / ward Mr. / Ms	has submitt				
	•	onsent and that I hold myself responsible for his/her he Institution. The entries made by him/her in the Ad	_	• • •			
Dat	e: -		Signature of Parent / Guar	dian			
	Guardia	n	Name of Parent / Guardian	1			
СН	ECKLIS	T OF ENCLOSURES					
(At	tested co	pies of following certificates)	Checked by:				
			Candidates	College's Official			
1. of date of	birth.	te of passing 10th standard Examination as a proof					
2. 3.		farks Card (10+1)	L	_			
3. 4.		arks Card (10+2) arks Card B.ScNsg / B.Sc. Nsg (PB) (if applicable)	L	_			
5.		e Status Certificate.					
6.		fitness Certificate					
7.		r certificate from the principal of the last attended and work	red.				
8.		te from the Head of the institution last attended					
9.		wit to pay the college fee regularly in;	-	-			
		- The month of Sept every year	L				
		- On leaving the course in between will have to pay t	he fee of the whole course				
10.	Gap perio	od certificate	_				
	- *						