

Form No:

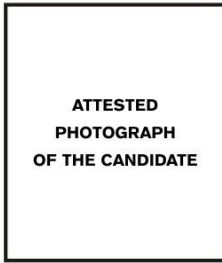
Ph. : 0160-2664757
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Silver Oaks COLLEGE OF NURSING

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, Faridkot

APPLICATION FORM FOR ADMISSION (Session-2014-15)



COURSE APPLIED FOR GNM ANM B.Sc. Basic

1. Name (IN CAPITAL LETTERS) _____

2. Father's Name (IN CAPITAL LETTERS) _____

3. Mother's Name _____

4. Gender Male Female

5. Date of Birth Day Month Year

6. Category Gen SC BC Any Other

7. Marital Status Married Never Married Divorced

8. Address of Correspondence _____

Pin _____ Telephone No. _____

9. Permanent Home Address _____

Pin _____ Telephone No. _____

10. Domicile Status Punjab State Other State

11. Hostel Facility to avail Yes No

12. Academic Qualification

Examination	Board / University	Roll No.	Year	Subjects	Marks		
					Max.	Obtained	% age
Class 10th							
10+1							
10+2							

12. Undertaking and pledge by candidate:-

- a) I hereby certify that the entries made by me in this form are correct to the best of my knowledge & belief 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 rules and the hostel rules that may be laid from time to time by Punjab Govt. Punjab Nursing Registration Council 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.
- c) I fully understand that for any violation or infringement of these rules and regulations, disciplinary action can be taken against me by the authorities which may include cancellation of the candidature.
- d) I certify that I am not involved in any illegal activity and no criminal case is pending against me in any court of law.
- e) I understand that if at any stage, it is found that I have provided any wrong information to seek admission, my admission shall stand cancelled automatically and I shall have no claim whatsoever, on the seat or the dues paid to the Institution.

Date: -

Signature of the Candidate

Undertaking by Parent / Guardian

I certify that my son / daughter / ward Mr. / Ms. _____ has submitted this application with my knowledge and consent and that I hold myself responsible for his/her good conduct and his/her maintenance and any payment of fee during the stay at the Institution. The entries made by him/her in the Admission form are correct to the best of my knowledge and belief.

Date: -

Signature of Parent / Guardian

Guardian: _____

Name of Parent / Guardian

CHECKLIST OF ENCLOSURES

(Attested copies of following certificates)

Checked by:

Candidate College's Official

1.	Certificate of passing 10th standard Examination as a proof of date of birth.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Detail Marks Card (10+1)	<input type="checkbox"/>	<input type="checkbox"/>
3.	Detail Marks Card (10+2)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Residence Status Certificate.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Medical fitness Certificate	<input type="checkbox"/>	<input type="checkbox"/>
6.	Character certificate from the principal of the institution last attended.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Certificate from the Head of the Institution last attended	<input type="checkbox"/>	<input type="checkbox"/>
8.	An affidavit to pay the college fee regularly in The month of Sept every year. On leaving the course in between will have to pay the fee of the whole course		
9.	Gap period certificate.	<input type="checkbox"/>	<input type="checkbox"/>