



# Pal College of Nursing & Medical Sciences

Anandi Tower, Nainital Road, Haldwani, Pin- 263139

## Application Form for Nursing Programs

Registration No.

Speciality Applied For:-

- Basic B.Sc (N)     G.N.M (General Nursing & Midwifery)     ANM (Aux. Nursing & Midwifery)

(Please Tick ( ) the program name in which the candidate want to enroll for)

### PERSONAL DETAILS OF THE CANDIDATE

Name of the Candidature

First Name

Middle Name

Last Name

(As per high School Certificate)

Mob.No

Affix Signed  
Photograph

1. Fathers Name

Occupation

Mob.No

LandLine Number (With STD.)

Addhar No.

2. Mothers Name

Occupation

Mob.No

LandLine Number (With STD.)

3. Marital Status:     Unmarried     Married     Separated     Widow/Widower

4. Gender :     Male     Female                      Category :     SC     ST     OBC     General     Others

5. Date of Birth \_\_\_\_ (DD)/ \_\_\_\_ (MM)/ \_\_\_\_ (YY)                      (As per high School Certificate )

#### Correspondence Address

#### Permanent Address

House No. \_\_\_\_\_ Gram/ Mohalla \_\_\_\_\_

Post / Village \_\_\_\_\_

Thana \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Pin Code \_\_\_\_\_

House No. \_\_\_\_\_ Gram/ Mohalla \_\_\_\_\_

Post / Village \_\_\_\_\_

Thana \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Pin Code \_\_\_\_\_

## EDUCATIONAL DETAILS OF THE CANDIDATE

### Details of Examinations Passed

Examination	Year of Passing	Board/ University/	Total Maximum Marks	Total Marks Obtained	Aggregate %	Division
Matriculation						
Intermediate						
Graduation						
Post Graduate						
Any Other						

### **Bio Metric Data of Candidate**

Sl.No	Dimensions	Units	For Handicapped Candidates		
1.	<b>Height</b>	(In cm)	<b>Type of Disability</b>		
2.	<b>Weight</b>	(In Kgs)	<b>Percentage</b>		
3.	<b>Blood Group</b>		<b>Letter Issued By competent Authority</b>	<b>Yes</b>	<b>No</b>
				<b>Attach medical certificate</b>	
4.	<b>Major Illness (If Any Specify)</b>		<b>Duration of Illness</b>	<i>In Months &amp; Days</i>	
5.	<b>Major Surgery (If Any Specify )</b>				

### Candidates Local Guardian's Information:

1. Local Guardians' Name: \_\_\_\_\_

Relationship with Candidate: \_\_\_\_\_

Address: House No. \_\_\_\_\_ Gram/ Mohalla \_\_\_\_\_

Thana \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Pin \_\_\_\_\_ Mob.  Landline

2. Local Guardians' Name: \_\_\_\_\_

Relationship with Candidate: \_\_\_\_\_

Address: House No. \_\_\_\_\_ Gram/ Mohalla \_\_\_\_\_

Thana \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Pin \_\_\_\_\_ Mob.  Landline

Affix Signed  
Photograph

Affix Signed  
Photograph

### Declaration by Guardian

I F/M/G \_\_\_\_\_ of \_\_\_\_\_

Hereby declare that all the guardians' names listed in this form are known to me and I undertake that my ward is allowed to leave Hostel/ College premises with them, when permitted by the college. I take full responsibility of the any incident that occurs to my ward met with the student once he/she leaves hostel/ college premises with guardians' mentioned above.

Date: \_\_\_\_\_

Signature of Parent/ Guardian \_\_\_\_\_

### Undertaking by the Student

I \_\_\_\_\_ hereby declare that all the particulars stated in the application form are true and best of my knowledge and belief. I agree that I will abide by the rules and regulations laid down by the institution. I also hereby declare that I will abide by the rules and regulations laid by the regulatory bodies & H.N.B Uttarakhand Medical Education University, Dehradun. I also undertake that my admission will be treated as cancelled at any point of time, in case my certificates are found incorrect. I assure the management that I will abide by the rules of the university regarding the permission to appear for the examination throughout course. I shall pay regards to the Management and Faculty and will respect the alteration in rules and regulations for the betterment of my professional career.

Name of the student \_\_\_\_\_

Signature of the student \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

### Undertaking by the Parent/ Guardian

I \_\_\_\_\_ Parent/ Guardian \_\_\_\_\_ admitted for M.Sc (N ) hereby declare that my ward has been admitted in M.Sc (N ) Program In Pal College of Nursing & Medical Sciences. I also undertake that my ward shall abide by all rules and regulations laid by the institutional and hostel premises. I also undertake that my ward shall also abide by the alteration in the rules and regulations made by the Management for the betterment of my ward. I also understand that if my ward does not follow the rules & regulation laid down by College/ regulatory bodies, he/ she can be detained from the Main University Examination held by H.N.B Uttarakhand Medical Education University, Dehradun. I shall abide by the stipulated fees and payment schedule as laid down the management. Failure pay the fees within the due date may lead to barring my ward from appearing for the main examination or detention from attending the class or whatever action the college would deem it.

Parents' Name \_\_\_\_\_ Relation \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

### Instructions for Submitting Online Form:

1. Candidate has to send duly filled form with a demand draft of Rs. 500/- In favor of "**Pal College of Nursing & Medical Sciences**", Payable at **Haldwani**.
2. Candidates are supposed to provide correct information to the institution. In case of any false information the institution admission can be forfeited at any point of time.
3. Candidate has to enclose his/her all Educational, Category and Address verification documents along with duly filled application form.
4. Dully filled application form along with attached documents have to be sent to college via speed post/ registered post / courier to the following address and addressing to :  
The Principal, Pal College of Nursing & Medical Sciences, Anandi Tower, Nainital Road, Haldwani, P.O- Katgodam , Pin- 263126.
5. College shall not be held responsible for the loss / damage of post send by the candidate.