



ANJU INSTITUTE OF NURSING SCIENCE

Recognised by :- B.N.R.C, Patna & I.N.C. New Delhi

School of Nursing (A.N.M.)

Add: Near Kirasan Tanki, Gaya Road, At + PO – Islampur, Nalanda (Bihar)

Office Add.:- Bardih Road, Bardih, Islampur, Nalanda, (Bihar) Website:-www.anjunursingschool.com

Mob.:- 9308181134, 7091823821, (Admin): 9262996763 (Office): 9262996762

ADMISSION-CUM-EXAMINATION FORM

Note: All entries must be filled in by the candidate himself/herself in capital letters.

Enrolment No.: **0022**
(Leave Blank)

Paste your passport size photograph duly attested by Head the institution avoid use of pin or stapler. Please enclose two identical photographs a long with the Application from

Course Applied for :Specialization (wherever applicable).....

Year

Session: _____

Signature of the candidate (in box)

(Put a cross mark 'X' in the appropriate box.)

(Fill information below as per Secondary / Senior Secondary Certificate)

Name of the Candidate

Father's Name

Mother's Name

Date of Birth: NATIONALITY: INDIAN Others Specify Name.....
D D M M Y Y Y Y

Gender: Male Female Category: General OBC ST/SC Others
(Put a Cross Mark 'X' in the appropriate box.)

Contact Address:

PIN Code

Land line No. with STD Code..... Mobile : E-mail:.....

Note: All communications will be mailed at the above address.

Educational Qualifications:

| S. N. | EXAMINATION | BOARD / UNIVERSITY | YEAR | % MARKS | SUBJECTS |
|-------|-------------------------|--------------------|------|---------|----------|
| 1. | 10th (Secondary) | | | | |
| 2. | 10+2 (Senior Secondary) | | | | |

DECLARATION BY THE CANDIDATE

I.....hereby declare that the information furnished in this form is true to the best of my knowledge and belief. I understand that my candidature is liable to be cancelled by the School if any information given above by me is found incorrect or misleading.

Place
Date

Signature of the Candidate

VERIFICATION CERTIFICATE

I have verified the original document including DDS. The candidate fulfills the eligibility criteria as per the prescribed norms of the School.

Place:
Date

Verified by

PAYMENT OF FEE

| S.N. | Particulars of Fee | Amount (in Rs) | Payment Details |
|------|--------------------|----------------|--|
| 1. | Course Fee | | A/c Payee Draft No. Dated..... Rs (In figures)..... In words Rs..... |
| 2. | Admission Fee | | |
| 3. | Examination Fee | | |
| 4. | Total Fee (in Rs.) | | |

*Note: Fee once deposited will not be refunded. However, if the School does not find the candidate eligible for admission, the fee will be refunded.