







(A Unit of Popular Institute of Medical Foundation & Popular Medicare Ltd.)

# POPULAR COLLEGE OF NURSING

Village & Post - Bachchhao, Varanasi - 221011

Contact No.: 7752999777, 9076700105, 9119950022 Email popularnursingschool@gmail.com

## DECLARATION BY THE APPLICANT

1. I hereby declare that all particulars stated in this application are true to the best of my knowledge and belief. I have read and understood all the provisions of the prospectus and agree to abide by them. In the event of suppression or distortion, if any facts like educational qualification, nationality, study period etc. made in this application form, I understand that my admission / registration is liable to be cancelled at any stage. I am fully convinced with all the information given and understood all the rules and regulations.
2. That, if admitted to Popular Nursing School & Paramedical Institute, I shall abide by its rules and regulations.
3. That, I am aware that for getting Admission/Registration in Popular Nursing School & Paramedical Institute, Fee (Full/Part) and any other charges (Full/Part), which I have deposited to the university shall not be refunded on any pre-text.
4. That, I know that after the admission formalities are completed, If I want cancellation of my admission due to one or other reason. Or if I discontinues my study or request for cancellation of my admission from the course, even though, I have not attended any class, fee / any other charges paid by me will not be refunded to me or any pre-text.
5. In the event of known commitment / non-compliance of this declaration form, Institute can take any action.
6. Jurisdiction of any dispute shall be Varanasi City, Varanasi only.

Place : \_\_\_\_\_

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

Signature of the Applicant

Signature of the Parent/Guardian

Application Accepted / Not Accepted

Remarks, (if not accepted)