

(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

App. No.: APPLICATION FORM								
Admission Session :	Paste recent Photograph							
Branch : Varanasi Mirzapur	(Do not staple or Pin)							
Nursing Course: B.Sc (N) , PB B.Sc (N) , GNM , ANM								
$Paramedical\ Course: CT\ \square\ , OT\ \square\ , Dialysis\ \square\ , Cardiology\ \square\ , Physiotherapy\ \square\ Lab.\ Tech\ \square$								
To be filled in CAPITAL Letter only.								
1. Candidate's Name (As given in class 10th Certificate):								
2. Date of Birth 3. Gender : M F								
4. Aadhar Card No.								
D D M M Y Y Y Y								
5. Religion : Hindu Muslim Christian Others								
6. Nationality:								
8. Name of Father/Guardian :								
9. Name of Mother:								
10. Address for Correspondence :								
Pin Code								
Pin Code								
11. Permanent Address :								
Pin Code								
Landline No Mob. No.								



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12. Student Educational Qualification:

S.I.	Name of Exam	Name of Board	Year	Institution	Subjects	% Marks	
1.	10 (SSLC)						
2.	+2 (Intermediate)						
3.	Others						
13. Parent's Educational Qualification: 10 (SSLC) +2 DIPLOMA DEGREE/(UG) DEGREE (PG)							
14. Parent's Employment Details:							
(i) Name of the Organization :							
(ii) Organization Contact No.: (iii) Designation:							
(iii) Address of the Organization :							
		· ·			PIN		
15. Fees Details : Total Academic fees : Years							
Total Hostel fees : Years 16. Payment Details (Demand Draft/Cash/Cheque) :							
	7						
D.D.	No./ Cheque	Amount	(Rs.)	Date of Issue			
17. Amount in word : (If paid by DD/Cheque)							
Name of Bank & Branch:							
18 Cash Amount (Amount in word)							



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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 Parent/Cuardian
Signature of the Applicant	Signature of the Parent/Guardian
Application Acce	pted / Not Accepted
Remarks, (if not accepted)	