

Form No.: _____ / KHFHCON/Basic BSc. Nsg. Admission No.: _____

Admission Date: _____

College of Nursing

KURJI HOLY FAMILY HOSPITAL, SADAQUAT ASHRAM P.O

PATNA – 800010, BIHAR, PHONE: 0612 – 2274727

E-mail kfhcollegeofnursing@gmail.com

(Affiliated to Aryabhata Knowledge University, Patna, Bihar)

A recent passport
size photo of
applicant to be
affixed here

APPLICATION FOR ADMISSION TO BASIC B.Sc. (N)

Note: 1) To be filed in applicant's own Handwriting . (In English)

2) Read the prospectus before filling the form

3) Not to be sold or Photocopied

1. Name (as on Secondary Edu. Cert.):.....

2. Date of Birth (as per Sec. Edu. Cert.).....

3. Age: Yrs. On:

4. Gender:..... 5. Marital Status:

6. Height: 7. Weight:

7. Nationality:.....8. State:

9. Religion:

10. Category(SC / ST/OBC/Minority/Gen) :

11. Language (speak/Write)

12. Aadhar No.:

13. Father's Name:.....14. Mother's Name:

15. Father's Occupation Mobile No.

16. Mother's Occupation Mobile No.

17. Guardian's Name (if father is not the guardian) :

18. Income of the Father / Mother/ Guardian.....

19. Telephone No. (i) Home..... (ii) Parent's Mobile No.:

(iii) Personal Mobile No. :

20. Address of Father/ Mother/Guardian:-

• Present Address:

.....

..... Mobile No.:

- **Permanent Address:**
-
-**Mobile No. :**

21. **Name of the Local Guardian**, who could be contacted in case of emergency:

22. **Relationship:** 23. **L. Guardian's Occupation:**

24. **Address of Local Guardian:**

..... **Mobile No:**.....

25. **If you are a religious sister – your religious name**

Date of making Religious Profession.....

Name & Address of the Religious Order

Ph. No.of Provincial Superior :

25. Educational Qualifications:

| | Board/University | Year of Passing | Subjects | Maximum Marks | Obtained Marks | Percentage (%) |
|---|------------------|-----------------|-----------|---------------|----------------|----------------|
| 12th Class / Equivalent | | | Physics | | | |
| | | | Chemistry | | | |
| | | | Biology | | | |
| | | | English | | | |
| | | | Total | | | |
| 10th Class | | | Total | | | |

26. **Address of School/College where studied**

.....

27. **Tick mark your ability in extracurricular activities if any (attach photocopies):**

Elocution/Sports Dance Music , NCC etc.....

28. **Details of Relatives working in Kurji Holy Family Hospital if any:**

| Name | Relationship | Department |
|------|--------------|------------|
| | | |
| | | |

29. **List of Family Members : Photos to be submitted (stamp size)**

- i)

| |
|----------------------------------|
| Affix stamp size photo of father |
|----------------------------------|

 Father's Name: Age:
- Occupation: Ph.No.....
- Address :
-

- ii)

| |
|-------------------------------------|
| Affix stamp size photo of mother |
|-------------------------------------|

 Mother's Name:Age:
Occupation: Ph.No.....
Address :

- iii)

| |
|--|
| Affix stamp size photo of sister/brother |
|--|

 Name:Age:
Occupation: Ph.No.....
Address :

- iv)

| |
|--|
| Affix stamp size photo of sister/brother |
|--|

 Name:Age:
Occupation: Ph.No.....
Address :

30) List of Visitors, authorized by the father /guardian

- i)

| |
|---------------------------|
| Affix stamp size photo |
|---------------------------|

 Name:Age:
Occupation: Ph.No.....
Address :

- ii)

| |
|---------------------------|
| Affix stamp size photo |
|---------------------------|

 Name:Age:
Occupation: Ph.No.....
Address :

- iii)

| |
|---------------------------|
| Affix stamp size photo |
|---------------------------|

 Name:Age:
Occupation: Ph.No.....
Address :

- iv)

| |
|---------------------------|
| Affix stamp size photo |
|---------------------------|

 Name:Age:.....
Occupation: Ph.No.....
Address :

31) Relatives in Patna or nearby places, where the applicant may be allowed to go with Late or overnight Pass on guardian's risk and responsibilities:-

i) Affix stamp size photo Name:Age:
 Relationship: Ph.No.....
 Address :

ii) Affix stamp size photo Name:Age:
 Relationship: Ph.No.....
 Address :

iii) Affix stamp size photo Name:Age:
 Relationship: Ph.No.....
 Address :

iv) Affix stamp size photo Name:Age:
 Relationship: Ph.No.....
 Address :

LIST OF ENCLOSURES MFOR BASIC BSc. NSG. (Please make a tick mark against statement)

Photocopies of the following documents:-

- Birth Certificate Migration Certificate
- School leaving Certificate or T.C. Recommendation Letter
- Secondary Exam Marksheet Character Certificate
- Secondary Exam Board Certificate For the sponsored candidate, a letter from the authorized person with the specific direction regarding payment.
- +2 or its equivalent Examination Mark sheet
- +2 or its equivalent Exam board Certificate
- Caste Certificate
- Demand Draft of Rs. 500/- in favour of **KHFHS College of Nursing** payable at HDFC Bank Ltd., Patliputra, Code No.HDFC0002643,Patna.

AGREEMENT

- I have read and understood the prospectus and regulations of College of Nursing, Kurji Holy Family Hospital, Patna. I hereby agree to abide by them.
- I shall not claim for my Certificates until I have paid all my dues and fulfilled all the requirements of College of Nursing.
- If I decide to discontinue the training after 15 days of admission for any reason or if the management asks me to discontinue the training due to a disciplinary action, I will have to pay the indemnity amount mentioned below as per the year of leaving: - Rs. 35,000/- as indemnity amount in the first year and also an additional Rs. 25,000/- for each academic year.
- I hereby agree to join the educational trip and other field posting as required for clinical experience planned at the discretion of the college authorities.

Date

.....

Signature of the student

I hereby agree for surety for the applicantand bind myself to abide by the above agreement.

Date

.....

Signature of Father/Mother/Guardian

DECLARATION

We declare that the statements given on the application form are true. We accept the rules and regulations of the College according to the prospectus and the policy of Kurji Holy Family Hospital, Patna and that the College of Nursing authorities have the right to discipline, suspend, or dismiss a student for inefficiency, misconduct, or behaviour which is detrimental to the work of a Christian Institution. We are willing to accept any addition, amendments and alteration which may be made from time to time to the above terms, and conditions.

.....
Applicant’s Signature & date

.....
Signature of Father/Mother/Guardian & date

SURGERY PERMIT

This is to state that I give permission for my daughter to have any emergency operation performed under any Anesthesia at Kurji Holy Family Hospital, Patna. Please get my permission each time for any elective or non-emergency operation.

..... Date :
Signature of Father/Mother/Guardian

.....
Relationship of the Guardian

DECLARATION OF RAGGING

We hereby agree that if found guilty of any aspect of ragging by indulging, participating, propagating or hurting anyone physically or psychologically or cause any other harm then the candidate will be punished or expelled as per provisions of the UGC regulations.

..... Date :
Signature of Father/Mother/Guardian

..... Date :
Signature of the Applicant