

Form No.: \_\_\_\_\_ / KHFHCON/PBBSsc. Nsg. Admission No.: \_\_\_\_\_

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

# College of Nursing

**KURJI HOLY FAMILY HOSPITAL, SADAQUAT ASHRAM**

PATNA – 80010, BIHAR, PHONE: 0612 – 2274727

E-mail [kfhcollegeofnursing@gmail.com](mailto: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 POST 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:**

		<b>Year of passing</b>	<b>Aggregate marks%</b>	<b>Division or class</b>	<b>Board/ University</b>
1	Secondary or its equivalent examination				
2	Intermediate or its equivalent examination				
3	1 <sup>st</sup> year GNM or RNRM examination				
4	2 <sup>nd</sup> year GNM or RNRM examination				
5	3 <sup>rd</sup> year GNM or Final General Nursing examination				
6	GNM Internship or Final Midwifery examination				

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

.....

27. **GNM/ RN/RM Registration No. &Date :**.....

28. **TNAI Membership No.:** .....29.**Years of Experience (if any):** .....

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

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

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

<b>Name</b>	<b>Relationship</b>	<b>Department</b>

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

i) 

Affix stamp size photo of father
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 Father's Name: ..... Age: .....  
Occupation: ..... Ph.No.....  
Address : .....

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ii) 

Affix stamp size photo of mother
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 Mother's Name: ..... Age: .....  
Occupation: ..... Ph.No.....  
Address : .....

iii) 

Affix stamp size photo of sister/brother
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 Name: ..... Age: .....  
Occupation: ..... Ph.No.....  
Address : .....

iv) 

Affix stamp size photo of sister/brother
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 Name: ..... Age: .....  
Occupation: ..... Ph.No.....  
Address : .....

**33. List of Visitors, authorized by the father /guardian**

i) 

Affix stamp size photo
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 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 : .....

**34. 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 FOR POST BASIC BSc. NSG. (Please make a tick mark against statement)**

**Photocopies of the following documents:-**

- ..... 1. Secondary Exam Mark Sheet & Certificate.
- ..... 2. Intermediate or its equivalent Exam. Mark Sheet & Certificate .
- ..... 3. Migration Certificate from Board/Council/University (GNM Board)
- ..... 4. Caste Certificate
- ..... 5. Transcript from the School of Nursing
- ..... 6. Diploma & Registration Certificate of GNM / RN/ RM Training
- ..... 7. Mark sheet of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> year GNM / RNRM
- ..... 8. Experience Certificate as a Trained Nurse
- ..... 9. No objection Certificate from the last employer
- ..... 10. Character Certificate
- ..... 11. Recommendation Letter from the Principal of Nursing School
- ..... 12. For the sponsored candidate, a letter from the authorized person with the specific direction regarding payment
- ..... 13. Demand Draft of Rs. 500/- in favour of **KHFHS College of Nursing** payable at HDFC Bank Ltd., Patliputra, Code No.HDFC0002643, Patna. (In case the application form is taken from website.)

## **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 7 days of admission for any reason she/he will have to pay the compensation of Rs. 35,000/- 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 applicant .....and 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