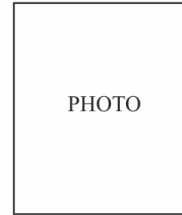


Vithai Hospital & Research Center School of Nursing beed

"Dr. Lahane Farm", Jirewadi, Jalna Road, Beed Tq. & Dist. Beed- 431 122
 E mail: vithainursingschoolbeed@gmail.com
 (Recongnised by MNC- Mumbai, INC-Delhi. Govt. Mah, Mumbai, MSSNPE)



APPLICATION FOR ADMISSION

- 1) FULL MAME (IN BLOCK LERRERS AS IT APPEARS IN SECONDARY SCHOOL CERTIFICATE0

- 2) PERMANENT ADDRESS :
 PIN :
- 3) ADDRESS FOR CONTACT :
 PIN :
- 4) MOBILE NO :
- 5) NATIONALITY :
- 6) DATE OF BIRTH :
- 7) CASTE :
- 8) EMAIL :
- 9) BLOOD GROUP :
- 10) PERFORMANCE OF THE QUALIFYING EXAMINATION :

CLASS	NAME OF THE SCHOOL/ COLLEGE	NAME OF THE BOARD	YEAR OF PASSING	TOTAL MARKS OBTAINED	OUT OF	%	GRAD E CLASS

I REQUEST ADMISSION TO :
 CERTIFIED XEROX COPIES OF THE FOLLOWING CERTIFCATES ARE TO BE ATTACHED

- | | |
|--|---|
| <input type="checkbox"/> MARK SHEET SSC | <input type="checkbox"/> PASSPORT SIZE LATEST PHOTO-2 |
| <input type="checkbox"/> MARK SHEET HSC | <input type="checkbox"/> CHARACTER CERTIFICATE |
| <input type="checkbox"/> BOARD PASSING CERTIFICATE SSC | <input type="checkbox"/> DOMOCILE CERTIFICATE |
| <input type="checkbox"/> BOARD PASSING CERTIFICATE HSC | <input type="checkbox"/> NATIONAILE CERTIFICATE |
| <input type="checkbox"/> LEAVING CERTIFICATE (T.C.) | <input type="checkbox"/> MEDICAL CERTIFICATE |
| <input type="checkbox"/> CASTE CERTIFICATE | <input type="checkbox"/> ATTEMPT CERTIFICATE |

Undertaking

All the students are to give an undertaking to the management that they would abide by the rules & regulations of the institution and that in the event of violation of any rule that the judgment of the management shall be final. This undertaking shall be signed both by the student and by the parent or guardian

I, Miss/Mr.
promise to abide by the rules and regulations of Vithai School of Nursing. In the event of the violation of any rule, I accept that the judgment of the management would be final and binding.

.....
Name of Parent / Guardian

.....
Name of Parent / Guardian

Signature :

Signature :

Postal address with pin code :

Postal address with pin code :

.....
.....
.....

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.....
.....

Phone No. :

Phone No. :

Date :

Date :