



RAIGANJ NIGHTINGALE INSTITUTE OF NURSING SCIENCES



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Sl. No.	
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ADMISSION FORM

Photo

Academic Year.....

Name of the Candidate.....

Father's / Guardian Name:.....

Mother's / Guardian Name:.....

Father's / Income :.....

Sex..... Nationality..... Religion.....

Date of Birth & Age..... Caste & Category.....

Postal Address.....

Permanent Address:.....

Phone..... STD Code.....

Aadhaar No..... Pan No.....

Year of PUC/+Passed.....

Sl.No.	Subject	Total Marks	Obtained Marks	Percentage
Total Percentage				

The above given information is accurate and Authentic.

Student Signature

Undertaking by the Student & Parent / Guardian

I have read the Application form, prospectus and accept It. I agree to the applicant's admission to the course. I shall be responsible for the pay ment of his/her fees and charges. I shall be responsible for his/her conduct, behaviour, 75% attendance in each subject and ensure that he/she abides by the college regulations.

Note:

- 1) Fees Once Paid shall not be refundable at any Circumstances.
- 2) If a candidate discontinues the course, He f She needs to pay the fees of following years of the course as per the fees structure given at the time of Admission,
- 3) Original Marks Cards of 10th, 12th & Transfer Certificate can not be issue of the students untill their completion of First year University Examination / Board Examinations,

Place:

Date:

Signature of Parent/Guardian