



ANJU INSTITUTE OF NURSING SCIENCE

Add : Near Kirasan Tanki, Gaya Road, Islampur (Nalanda)

Approved by Bihar Nurses Registration Council (B.N.R.C), Patna (Bihar) & I.N.C New Delhi

APPLICATION FOR ADMISSION

(R.A.N.M) REVISED AUXILIARY NURSES MIDWIFES (2 Years)

App No. :

1. Name (As per School Record) : _____
2. Father's Name : _____
3. Date of birth & Age : _____
4. Sex : _____
5. Caste & Community : _____
6. Religion & Nationality : _____
7. Address of Parents :

Please affix
Passport size Colour
Photograph

Correspondence Address	Permanent Address

8. Academic Record :

Level	Subject	Marks	Total Marks & %	Medium of Instruction and Year of Passing	Name of Institution & Address

9. Extra Curricular Activities, Hobbies (Sports, Literary, Cultural, Etc.)

10. Languages know :

English	Hindi	Local Language	Other's

11. Reason for Choosing the Course. :



12. Family Details (Father, Mother, Brothers & Sisters) :

Family Member with Relationship	Age	Educational Qualification	Occupation	Income (P/A)	Residence Address

13. Contact and Character Certification

Give Name and Address of person or School Headmistress / School Principal or any person of good standing other than relatives who certifies the conduct & character

Name	Occupation	Address

14. Undertaking :

I hereby declare, that the above particulars are true and correct to the best of my knowledge, and I have read the prospectus and fully understood that in the event of my violation of any of the rules and regulations, I am liable to immediate dismissal from the school. Further I consent to undergo the course for its full duration. I undertake that I will not cause disrespect or loss of reputation by indulging in mal practices or immoral or illegal acts which amounts to indiscipline, warrants dismissal from the school.

Parent Name :

सर्वे सन्तु: निरामया:

Parent Signature

Student Signature

15. Certificates Enclosed (Attested) Xerox Copies only :

- (1) Educational Qualification (H.Sc /+2/Vocational)
- (2) 10th Mark Sheet
- (3) Transfer Certificate
- (4) Community Certificate (for SC /ST, MBC, BC only)
- (5) Medical Fitness (Original)
- (6) Income Certificate for Bihar Candidates only
- (7) Migration Certification for other state Candidates Completed Application along with D.D. for Rs.....500/-in Favour of Anju Institute of Nursing Science, Payable at Nalanda, Shall be Sent to the Principal. Anju Institute of Nursing Science, Near Kirasan Tanki, Gaya Road, Islampur, Nalanda (Bihar).

MEDICAL FITNESS CERTIFICATE

(Students shall submit to the Principal before admission)

(To be Certified by a Registered Medical Practitioner)

1. NAME : _____

2. AGE : _____ SEX : _____

(A) Family History of any Chronic illness :

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(B) Whether the candidate has suffered from any of the following diseases :

- | | |
|---------------------------------|----------------------------------|
| a) Tuberculosis..... | Rheumatic fever..... |
| b) Rheumatism..... | Cardiac diseases..... |
| c) Varicose Veins..... | Mental or nervous disorders..... |
| d) Any infectious diseases..... | Asthma..... |

(C) Whether the candidate has undergone any operation (Details) :

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(D) Physical Examination

Height : <input type="text"/>	Weight : <input type="text"/>	B.P. : <input type="text"/>	Eyes : <input type="text"/>
Hearing : <input type="text"/>	Teeth : <input type="text"/>	Skin : <input type="text"/>	Heart : <input type="text"/>
Lungs : <input type="text"/>	Urine : <input type="text"/>		

Routine and Microscopic examination :

Stool

Routine and Microscopic examination :

Blood Group : <input type="text"/>	Haemoglobin : <input type="text"/>	Menstrual Cycle : <input type="text"/>
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(E) Vaccinations Done and the date (Enclose Certificate) :

- (a). Hepatitis - B
- (b). Anti Typhoid
- (c). Anti Cholera

(F) Remarks Undertaking by the Student & Parent :

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Place :

Date :

Seal :

Signature

Name & Qualification

Reg. No. :

UNDERTAKING BY THE STUDENT & PARENT

My daughter is not suffering from any disease which will cause / interfere / difficult to presume this nursing course which warrants termination or dismissal from the school / college.

Signature of the Student

Signature of the Parent

Date :

Place :

N.B : *If any student is found to be medically unfit, she will discontinue the course.
If any existing illness detected subsequently, student will face termination.*

