

Recognised by Health Department, Govt. Of Bihar
Affiliated by Bihar University of Health Sciences, Patna

www.ssconp.in/ 8235666688/8235666699 info@ssconp.in

(For office use only)

Date

APPLICANT ID :

Roll No.:



NURSING

Dr. Akhilesh Kumar Singh
Knowledge Town,
Bindauli, East of Beldarichak,
Patna – 803201

PARAMEDICAL

A-98, Kankarbagh, Housing
Colony, Opp- Panch Shiv Mandir,
Patna - 800020

GENERAL INSTRUCTIONS

1. The Admission Form must be filled with blue/ black ballpoint pen.
2. Mark as ✓ whenever the choices are multiple.
3. It is mandatory to provide E-mail ID and Contact number as it will be used for any further communication.
4. Please attach attested copies of mark sheet/ Testimonial & Annexure whenever required.
5. An incomplete form or form with missing enclosures will be rejected.
6. The form fee will not be refundable.
7. The Institute is the ultimate authority to accept/ refuse admission and the institution will not be liable for rejection of admission.
8. Admission will be confirmed only after submission of original copies of Migration Certificate, School/ College Leaving Certificate (S.L.C./ C.L.C.) & attached Annexures.
9. Please note that submitting an application form does not guarantee admission, as it is subject to further evaluation and approval.

PERSONAL INFORMATION

Full Name :

Gender : Male Female

Date Of Birth :
D D M M Y Y Y Y

Father's Name:

Mother's Name:

Aadhaar No.: Mob No.:

Alternate Mob. no. Whatsapp No.

Parent/Guardian's Contact : /

Correspondence Address:

Vill : P.S. P.O.

Dist.: Pin: State:

Permanent Address:

Vill : P.S. P.O.

Dist.: Pin: State:

Nationality: Rural/Urban Email Id:

Blood Group: Category: - Gen EWS OBC EBC SC ST

Marital Status: Religion: Caste:

Identification mark:

Hostel Required: _____ College Transport Required : _____

Source: _____

Entrance Exam Detail:

Exam Name: _____

Exam Year: _____ Result: _____

EDUCATIONAL QUALIFICATION

Exam Passed	Subjects	Board/ University	Year of Passing	Marks Obtained	% age /Grade

Achievement in Extra Curricular Activities (if any): _____

Work Experience (Please specify the area of work with duration):

DETAILS OF PARENTS & GUARDIAN

	Father	Mother	Local Guardian
Name			
Phone No.			
Email. ID			
Occupation / Post			
Name of Employer/ Company / Firm			
Qualification			

(For office use only)

LIST OF ENCLOSURES

- | | | | |
|---|--------------------------|---|--------------------------|
| • Migration / Transfer Certificate (Original) | <input type="checkbox"/> | • Entrance Exam Scorecard | <input type="checkbox"/> |
| • School / College Leaving Certificate (Original) | <input type="checkbox"/> | • Attested copies of certificate & Mark sheet of Class X | <input type="checkbox"/> |
| • Copy of Adress Proof | <input type="checkbox"/> | • Attested copies of certificate & Mark sheet of Class XII | <input type="checkbox"/> |
| • Copy of Caste Certificate | <input type="checkbox"/> | • Attested copies of Diploma / Degree & all years Mark sheets | <input type="checkbox"/> |

Date: -

Place: -

Signature of the Office-Incharge with the official seal
(after verification of documents)

DECLARATION TO BE GIVEN BY THE CANDIDATE

I hereby declare that :

- 1.I am applying for the _____program, session _____ and I have understood the curriculum and other aspects to the best of my mind and health without being influenced by any person and for the best interest of my academic career.
- 2.I understand and agree that misrepresentation or omission of the facts will justify the denial of my admission and forfeiture of my candidature.
- 3.I have not been convicted of any offence involving moral turpitude and have a clear understanding that the admission shall be cancelled immediately after the facts of any such cases are known.
4. I shall abide by the decision of the Admission Committee of the College for all purposes. I accept the terms and conditions of the University as well as the College for Admission.
- 5.I am neither pursuing nor shall pursue any other course as well as undertake not to engage myself in any job during my Admission to Shri Sai College of Nursing and Paramedical until the completion of my course.
- 6.I will attend all the theory, tutorial and practical classes and will maintain attendance as required by the University and the norms by the regulatory bodies in each subject in every semester /year in order to be able to appear in the examinations.
- 7.I am fully aware that attendance will be given only to the registered student for the semester/year.
- 8.I shall abide by the other rules and orders of the College, Govt. of Bihar, regulatory bodies, and University that will be enforced from time to time.

9. I understand that ragging in any form within or outside the College campus is strictly prohibited and I shall not be directly or indirectly involved in any such activities.

10. I also declare that the information provided by me is correct. If any information is found incorrect or misleading, the College will have the right to cancel my admission at any time/ stage and I will not be eligible for refund of fees/ payments whichever paid before.

11. I also declare that all the information given above by me in the application form is complete and accurate in the best of my knowledge and belief.

Place:

Date:

Signature of the Candidate

■ UNDERTAKING TO BE GIVEN BY THE PARENT/GUARDIAN

I _____s/o _____do hereby solemnly affirm and undertake that :

1. My son/ daughter/ward _____ has submitted the application form for Admission with full understanding and with my permission and I shall hold myself responsible for his/her good conduct and behaviour as a student and adhere to the relevant provisions.
2. I shall hold myself responsible for the payment of all his/her fees and other charges during his/her admission to the College and pending dues, penalties etc.
3. I shall be responsible for any sort of liability arising out of any civil or criminal case lying against my son/daughter/ward during the course of his/her study in the College
4. I endorse the undertaking given by my son/daughter/ward.
5. I undertake that my son/daughter/ward will not involve in any ragging activity within or outside the College campus and I understand that in accordance with the Hon'ble Supreme Court's order, ragging is a crime. Person involved in this act will be penalized by the College authority.
6. I understand that it is his/her responsibility to comply with all rules and regulations of the College that will be enforced from time to time.

Place:

Date:

Signature of the Parents/ Guardian

Place:

Date :

**Signature of the Admission Incharge
with the official seal**