

Form No.-

Last date of submission.-

INTERNATIONAL HOSPITAL COLLEGE OF NURSING  
DR. R.P. ROAD, GANESHGURI, GUWAHATI-6  
NEAR UPASANA PALACE  
[ A UNIT OF ASSAM HOSPITALS LTD]

**APPLICATION FORM FOR ADMISSION**

- INSTRUCTION SHOULD BE READ, BEFORE FILLING THE FORM
- BLOCK LETTERS TO BE USED IN FILLING THE FORM.
- AVOID OVER WRITING
- TO BE FILLED WITH BLACK INK

APPLIED FOR THE COURSE.....SESSION.....

1. FULL NAME OF APPLICANT.....

2. SEX.....

3. DATE OF BIRTH               

4. CAST .....SC/ST/OBC/MOBC

(Copy of supporting document needed)

5. Religion.....

6. Nationality.....

7. Father's name and occupation...../.....

8. Mother's name and occupation...../.....

9. Present address for communication

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Phone No:.....E-mail ID.....

10. Permanent Address

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11. Extracurricular activities - Music/ dance / sports / painting / any other

12. Co-curricular Activities - typing / computer Education / Journalism / Mass communication

13. Hobbies

14. Any specific achievement

15. Academic Proficiency (From 10<sup>th</sup> standard onwards)

Sl. No.	EXAMINATION PASSED	NAME OF THE INSTITUTION	BOARD/ COUNCIL/ UNIVERSITY	SUBJECTS TAKEN	YEARS OF PASSING	% OF MARKS IN PCB	% OF MARKS IN PCB INCLUDING ENGLISH	DIVISION / GRADE

16. Documents attached with Application Form

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- .....
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- .....

17. DECLARATION

I hereby DECLARE that particulars mentioned in this application forms and in the enclosures are 'TRUE' to the best of my knowledge.

Date:.....

Place:.....

Signature of Applicant

UNDERTAKING BY LEGAL GUARDIAN / GUARDIAN

I, Sri / Srimoti ..... Father / Mother  
Guardian of Srimoti ..... have read the  
prospectus and UNDERTAKEN to pay all dues / fees applicable for my Daughter /Son  
for undergoing the B.Sc. (N) course. This amount may be forfeited if the student fails to  
complete the course or is dismissed from the college on account of misconduct or other  
valid reason. I, being the father / mother / guardian hereby undertaken to pay full fees /  
dues to the institution for the whole course period in time.

Date: .....

Time:.....

Signature of Father / Mother / Guardian

1. Witness

Signature.....

S/o / D/o .....

Address .....

.....

2. Witness

Signature.....

S/o / D/o.....

Address.....

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