**ADMISSION FORM**

Please affix your recent Passport size colour photograph

**ST.ANN’S COLLEGE OF NURSING**

 **Fatimanagar, N.I.T. (Po), Warangal – 4.**

Name of the Candidate :

Father’s/Guardian’s Name :

Date of Birth / Age / Sex :

Religion / Caste :

Qualification :

Aggregate Marks (%) obtained in :

Optionals (Bi.P.C.) & English in the

Qualifying Exam (i.e.10 + 2) &

Number of Attempts

Present Residential Address :

Phone / Mobile No :

E-Mail ID of the Student

|  |  |  |  |
| --- | --- | --- | --- |
|  | **FATHER** | **MOTHER** | **GUARDIAN** |
| Name (In Block Letters |  |  |  |
| Academic Qualifications |  |  |  |
| Designation |  |  |  |
| Name of the Organization |  |  |  |
| Office Address |  |  |  |
| Telephone No. (Off.) |  |  |  |
| Mobile No. |  |  |  |

 :

**Declaration by the Student:**

I …………………………………………………. S/o. D/o ………………………...……...…

Hereby declare that the details given by me in the application-form are true and correct to best of my knowledge and in case particulars furnished in the application by me are found incorrect, at any stage you may cancel the admission.

**I undertake that, I** will follow the rules and regulations framed time to time by the institution; I will not indulge in any type of agitation in the campus nor outside the campus. I will put full attendance and exhibit disciplined behavior during the course of the study, I will not use cell phone or pager inside the college campus.

Student Signature

 Date:

 Place:

**Declaration by the Parent**

I………………………………………………F/oM/o. G/o……………………………..........

studying in ………….…………………………………………………………., undertake that I will be responsible for the behavior and code of conduct of my ward, I will be responsible for payment of the fee as per the schedule of the college, I will attend the meetings whenever institution requires.

Signature of the Parent / Guardian

Date: