

HAYAT INSTITUTE OF NURSING EDUCATION

Kamal Tower, Near Bharat Gas Agency, Ninth Mile, Amerigog, Ghy-23

(A unit of Hayat Foundation)

Form
no.....

Recognized by Indian Nursing Council, Assam Nursing Council and Approved by Govt. of Assam, Affiliated to Srimanta Sankaradeva University of Health Sciences, Guwahati

APPLICATION FORM FOR ADMISSION

(Please read the instruction carefully before filling up the form)

*The form should be filled up by the applicant's own handwriting in BLOCK LETTERS.

*Tick (✓) mark should be used wherever necessary.

Applied for: BSc. Nursing / GNM for the session: _____

Affix a recent
passport size
photo

1. Full name of the Applicant: _____

2. Father's name & occupation: _____

3. Mother's name & occupation: _____

4. Date of Birth: Age:

D D M M Y Y

5. Religion: _____ 6. Nationality: _____ 7. Caste.....

6. Address for communication: _____

7. Phone no.(if any): _____

8. E-MAIL ID: _____

9. Permanent Address: _____

10. Details of Academic Records (from 10th standard onwards):

Sl no	Examination passed	Name of the Institution	Board/Council/ University	Subjects	Year of passing	% of Total Marks	Result

11. Fees paid vide Cash/ Cheque/DD No.....dated.....Branch.....Amt.....

1. Self attested documents to be attached with application:

(Please tick)

A. H.S.L.C. or equivalent examination passed:

i. Certificate

ii. Admit card

iii. Mark sheet

B. H.S.S.L.C or equivalent examination passed:

i. Certificate

ii. Mark sheet

C. Character Certificate from the Head of the Institution last attended

D. Medical Certificate (as per format given)

E. TC/Migration Certificate/Provisional Certificate

F. Community Certificate for SC/ST/OBC

G. Recent passport size photograph (5 copies)

H. Permanent Resident Certificate

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DECLARATION:

I, hereby declare that all the particulars stated in this application and enclosures are true to the best of my knowledge and belief.

I shall submit any other information/ document that may be required in future.

Date:-----

Place: -----

Signature of the candidate

MEDICAL FITNESS CERTIFICATE

(To be signed by Govt. Medical Officer)

Name:

Age:..... Date of Birth.....Gender:

Father's Name: _____

Permanent Address: _____



Health Assessment:

Height (Cms)	Weight (KG)	Chest (Cms)	Vision		Ear	
			Distance	Near	Left	Right
Laboratory Findings:						
Blood RE						
Blood Group						
Chest X- Ray						

Menstruation History:

LMP:

Regularity:

Remarks:

It is certified that I have carefully examined Mr./Ms _____ and found to be fit/not fit/needs treatment for B.Sc Nursing/GNM Courses.

Date:

Place:

Signature of Medical Officer