

# **BIJUPATNAIK G.N.M./A.N.M NURSING TRAINING SCHOOL,**

AT/PO-TAKATPUR,P.S-BARIPADA, DIST-MAYURBHANJ, ODISHA,PIN-757003

**HEAD OFFICE NOW WORKING-**

AT-BARIPADA, PRAFULLNAGAR, WARD NO-12, PO-STATION BAZAR,  
P.S.-BARIPADA, DIST-MAYURBHANJ, STATE-ODISHA, PIN-757003,



## **VIKASHG.N.M NURSING TRAINING SCHOOL**



AT/PO-JANUGANJ, NEAR TENTULIA THAKURANI MANDIR  
P.S-BALASORE, DIST-BALASORE, ODISHA,PIN-757003

Email: - bhcderp2015@gmail.com, www.bijupatnaikvikashhealthcareandmedicalproject.com

**OFFICE CONTACT NO 06792-262625(0) Mob- NO. 08658998774, 08984551012**

### **(ADMISSION FEES STRUCTURE)**

**A.N.M. COURSE DURATION 2 YEARS ACADEMIC SESSION:-2016-17**

STUDENT OF NAME:-.....

S/O/D/O:-.....

**(NOTE BITE: - TOTAL COURSE FEE WITH HOSTEL FEE PAID BY THREE INSTALMENT AND EACH INSTALMENT PAID WITHIN FOUR MONTHS GIVEN IN ABOVE TABLE CHART)**

ACADEMIC SESSION 2016-17 BATCH	PER YEAR GOVT. PRESCRIBE COURSE FEE EVERY YEAR JUNE 20TH	PERYEAR HOSTEL LOADGING BOARDING & TUITION FEE	BOOK,COMMUNITY BAG,UNIFORM, APRONE, TRANSPORTING FEES	TOTAL FEES PER YEARLY PAID IN INSTALMENTALY EVERY YEAR FEBRUARY 28TH
	<b>1<sup>ST</sup>-INSTALMENT</b>	<b>2<sup>ND</sup>-INSTALMENT</b>	<b>3<sup>RD</sup>-INSTALMENT</b>	<b>TOTAL-</b>
GNM 1 <sup>ST</sup> YR	RS. 35,000/-	RS.15,000/-	RS.10,000/-	RS.60,000/-
GNM 2 <sup>ND</sup> YR	RS.35,000/-	RS.15,000/-	RS.10,000/-	RS.60,000/-
TOTAL-RS.1,20,000/-				(ONE LACK TWENTY THOUSAND)

### **NURSING STUDENTS WITH GUARDIAN UNDERTAKING/DECLARATION**

I.....S/O/D/O.....undertaking/Declaration Obey for nursing institution all rule/ regulation With above Fee Structure. I will deposit Total Course Fees for (2Years) A.N.M. Course =Rs.1, 20,000/-(One Lacks Twenty Thousand Only).I Agree to Abide By the Above Institution Course Fee and Hostel Fees Structure Rules & Regulation. I Further Not any Claim in Your Nursing Institution Fee Structure & Rules & Regulation. After admission I will not cancel my Admission seat, if cancelled my admission Seat. I will not demand for refundable of my Paid money. I will deposit total course fee with Hostel Accommodation fees as per Institutions rules & Regulation. I certify that I have examined the above named Candidate and cannot discover that she /he has any diseases, constitutional weakness or bodily infirmity and I Consider that the candidate is physically and mentally fit to undergo General Nursing and Midwifery Training Course under Health & F.W. Department.

I..... also undertake to act on behalf of the parents / husband of the said student during the period of study in the G.N.M. above Nursing Training Centre, for which I have been empowered by the parent / guardian / husband of the said student. I further undertake to take custody of the above student as and when required by the school authorities and to ensure that she maintains the academic discipline and good conduct during the period of study in the aforesaid institution. I will deposit Total Course Fees for (2 Years) A.N.M. Course =Rs.1, 20,000/-(one Lacks Twenty Thousand Only).I Agree to Abide By the Above Institution Course Fee and Hostel Fees Structure Rules & Regulation.

.....  
SIGNATURE OF GUARDIAN

.....  
SIGNATURE OF CANDIDATE

.....  
SIGNATURE OF PRINCIPAL

PRINCIPAL  
BIJU PATNAIK NURSING TRAINING  
SCHOOL, BARIPADA, MAYURBHANJ