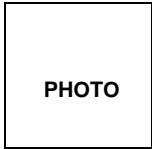


**OFFICE OF THE**

**VIKASH BIJUPATNAIK GROUP OF A.N.M./G.N.M.NURSING TRAINING CENTRE, BARIPADA,**  
BHARAT BIKASH HEALTH CARE PROJECT {HEALTH AND EDUCATION RESEARCH PROJECT (N.G.O.)}  
AT/PO-JANUGANJ, ( NEAR TENTULIA THAKURANI, VIMPURA CHAKA ) P.S-BALAORE, DIST-BALASORE, ODISAHA,  
www.bijupatnaikbikashhealthcareandmedicalproject.com, & www.bijubikash.com,  
Email-bhcderp2015@gmail.com, Head Office Contact No-06792-262625 (O) M-08260928807

**:APPLICATION FORM:**

TO  
THE CHAIRMAN,  
BHARAT BIKASH HEALTH CARE PROJECT  
{HEALTH AND EDUCATION RESEARCH PROJECT (N.G.O.)}  
VIKASH BIJU PATNAIK GROUP OF G.N.M./A.N.M.NURSING TRAINING CENTRE, BALASORE,



(TO BE FILLED IN BY THE APPLICANTS IN THEIR OWN HAND WRITING)

1. Name of Training Course Apply For:-(A.N.M./G.N.M.).....Duration.....
2. Name of the applicant (In capital letters).....
3. Father's Name .....
4. Mother's Name .....
5. Local Guardian's Name.....
6. Date of Birth of the Applicant.....
7. Latter Corresponds Address.....  
.....
8. Personal Contact Phone Number.....
9. Educational qualification.....
10. Email:-.....11.Qualification.....

QUALIFICATION DEGREE	SCHOOL / COLLEGE	UNIVERSITY / BOARD / COUNCIL	YEAR OF PASS	TOTAL MARK	OBTAIN OF MARK	% OF MARK

- 12.Marital status.....13.Nationality.....14.Religion .....
15. Caste.....16. Sex.....17.Your Identification Mark (any spot in body).....
- 18.Weather Suffering From, Any communicable disease.....

**DECLARATION & UNDERTAKING**

I .....do/so ..... do here by declare and undertake that the above stated information's are true and correct to the best of my knowledge and belief. I shall be held responsible for any deviation thereof if found later. After admission I will not cancel my seat, if cancelled, I will not demand for refund of my money. I will deposit total course fee with Hostel accommodation fees as per Institutions rule. I submitted my Original 10th and +2 mark sheets with Original College Leaving & Conduct Certificate at the institute. which will take along with nursing council registration certificate after completion of my course. I declare that the above particulars furnished by me are true in all respects and as such, I undertake that if subsequently I will be found to have given wrong information with regard to the marks, certificates and documents produced by me in connection with my admission, then my name will be immediately removed from the Nursing Training Centre In addition to whatever legal action that may be taken against me. I agree to abide by the rules of the School and Hostel pay all fees and deposit all other dues as laid down in the School and Hostel rules or may become due under these rules. I also agree to withdraw myself from NURSING TRAINING CENTRE and Hostel should the Principal Tutor and Superintendent decide that such withdrawal is necessary in the interest of the Institution. I certify that I have not been prosecuted or convicted for any criminal offence involving moral turpitude.

Place :.....  
Date :.....

.....  
Signature Father/Mother/Guardian

.....  
Full Signature of the applicant

**NURSING STUDENTS & GUARDIAN WITH OFFICE UNDERTAKING / DECLARATION**

I am Guardian S/O/D/O.....Undertaking/Declaration obey for nursing institution all rule/ regulation With above Fee Structure. My S/O,D/O.....Finally Admission.....Course. I will deposit Total Course Fees For.....Nursing Course =Rs.....(.....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 Nursing Training Course under Govt. of Health & F.W. Department, O.N.C.

.....  
Signature Father/Mother/Guardian

.....  
Signature of the applicant

.....  
Managing Director

.....  
Principal

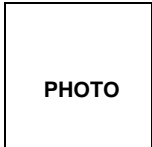
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