



ADMISSION FORM

Dr. Achal Singh Yadav Institute of Nursing And Paramedical Sciences

365, Adharkheda, P.O. Gudamba, Kursi Road, Lucknow

Affix Photo
(Attach 5 copies of
passport size colour
photograph)

FORM No.

ENROLLMENT No.

APPLICATION FOR ADMISSION

(B.Sc. Nursing / G.N.M. / A.N.M. / Diploma in Physiotherapy / Diploma in O.T. Technician / Diploma in Dialysis Technician / Emergency & Trauma Care)

1. Name of the Applicant	<input type="text"/>
2. Date of Birth	<input type="text"/>
3. Father's Name & Occupation	<input type="text"/>
4. Mother's Name & Occupation	<input type="text"/>
5. Guardian's Name & Occupation	<input type="text"/>
6. Caste/Category	<input type="text"/>
7. Postal Address	<input type="text"/>
8. Permanent Address	<input type="text"/>
9. Phone / E-mail	<input type="text"/>
10. Nationality	<input type="text"/>
11. Course Applied for	<input type="text"/>

12. Educational Qualification

Examination	Board/University	Subjects	Year of Passing	% age
(a) High School				
(b) 10+2 or its equivalent				
(c) Graduation				
(d) Post Graduation				
(e) Any Other examination				

13. Were you ever disqualified by any university/Board to appear in any examination?
If yes, give details.....

Note : Registration fee is non-refundable even in the case of non-admission in the available course/branch opted for.

DETAILS OF ENCLOSED ORIGINAL/ATTESTED COPIES OF CERTIFICATE

Sr. No.	CERTIFICATE	ATTESTED COPY Yes/No.	FULL NAME OF AUTHORITY If Attested	DESIGNATION Attested
1.				
2.				
3.				
4.				
5.				
6.				

DECLARATION OF ELIGIBILITY

I have read and understood the eligibility condition as laid down in the prospectus. I fulfill these criteria. I have furnished the necessary information/documents correctly, I shall submit any other document that may be required in future. I understand that my candidature is liable to be cancelled by **DASYINPS** if the information given by me in this set of forms is found incorrect or misleading. The University has full authority to take appropriate action and I shall abide by the university action.

Enclosure :

1. Attested Photocopies of High School mark sheet.
2. Attested Photocopies of High School Certificate for Proof of Date of Birth.
3. Attested Photocopies of Intermediate Mark sheet.
4. Xerox copy of Character Certificate Issued by Gazetted Officer.
5. Self addressed post card with Rs. 5/- Stamp for acknowledgment.
6. Admission will be through written entrance exam followed by interview.
7. Submit supportive document regarding reserve category with income certificate.

Signature of Study Centre Head

Signature of Candidate

Study Center Code

DECLARATION

To be signed by the Parent/Guardian

I,hereby declare that the Particulars entered by me and my Son/Daughter/Ward in the application form are correct to the best of my Knowledge.

I under take and bind myself to pay on behalf of my Son/Daughter/Ward such fees, charges, etc. which the institute may levy from time to time by due date and in the event of failure on my part and/or on the part of my son/daughter/ward the Principal/Management of this School/Institution may take such action against my Son/Daughter/Ward as she/he may deem fit.

Date :-

Place :-

Signature of Parent/Guardian

DECLARATION

To be signed by the candidate on Rs. 10/- Non Judicial Stamp Paper

I,do hereby declare that the information given by me in my application form is true to the best of my knowledge and belief.

I hereby agree to abide by the rules and regulations of the institution enforced from time to time. I will not indulge in any activity inside or out side the institute which may harm the respect and dignity of my profession under institution.

I fully understand that the Managing Committee have full authority to take disciplinary action and rusticate me from the institution for any infringement of the rules of conduct and discipline prescribed by institution.

I have not been debarred from appearing in any examination held in INC/U.P. State Medical Faculty/School.

I under stand that no other documents, other than those attached to the application form will be entertained in the purpose of claims/concessions etc. in connection with admission.

Date :

Place :

Signature of Student