



Form No .....

# The Rajasthan Medical Society & Research Center's Smt. Dakuben Saremalji Sancheti Nursing Institute

Sumerpur, Dist-Pali (Rajasthan)-306902

## B.Sc. Nursing Programme Application Form (Session 20....-20.....)

**For Office Use**

Source of Admission
Management/ counseling .....
Admission No .....
Federation Reg. No.....
Enrollment No .....

Please paste your  
Recent Coloured  
Passport Size  
Photograph Here

Signature of Candidates

1. Name of the Candidates

(In English in Capital Letter as per Matriculation Certificate, Leaving one Box blank after first and Middle Name)

2. Father's Name

(In English in Capital Letter as per Matriculation Certificate, Leaving one Box blank after first and Middle Name)

3. Mother's Name

(In English in Capital Letter as per Matriculation Certificate, Leaving one Box blank after first and Middle Name)

4. Date of Birth

5. Gender (M/F) ..... 6. Aadhar Card No.....

7. Category (Gen./OBC/ST/SC/Other)..... 8. Caste .....

9. Nationality ..... 10. Blood Group .....

11. Handicapped (Yes/No)..... 12. Disability, if any (VH/HH/OH)

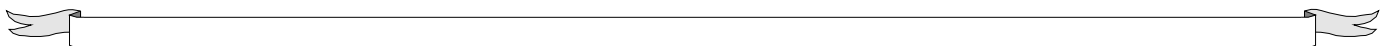
13. Hostel Facility (Required/ Not Required) .....

14. Details of Examination Passed/ Appeared

Examination	Year of Passing	Name of Board/ University	Max. Marks	Marks Obtained	Percentage of Marks
10 <sup>th</sup> (Secondary)					
12 <sup>th</sup> (Sr. Secondary)					
Other Qualification					

15. Address:

<p><b>Correspondence Address:</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Dist..... State..... Pin .....</p>	<p><b>Permanent Address:</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Dist..... State..... Pin .....</p>
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16. Contact No:

<b>Student Contact :</b> Telephone No ..... Mobile No ..... Email Id .....	<b>Parent Contact:</b> Telephone No ..... Mobile No ..... Email Id .....
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17. Does any of your sibling (s) study at DSSNI? Y/N if yes please gives details:

Name	Relationship	Class

18. Relevant Entrance Test/ Examination Detail:

Entrance Test/ Examination Name ..... Year/ Month .....  
Score ..... Rank ..... (Please attach the certified photocopy of the result)

19. Where you ever disqualified by any university/ Board to appear in any examination. If yes give detail

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**UNDERTAKING**

I solemnly affirm that the information above is true and correct in the all respect. I have not concealed any Information. I undertake that if any information furnished herein is found to be incorrect or untrue. I shall be liable for criminal prosecution and also forgo my claim to admission to the Institute/ University. Further, my candidature for the examination/ Admission to the programme shall be liable for cancellation at any stage. I agree to abide by the rules and regulations of the University.

Date

Signature of parent/ Guardian

Signature of Candidate

Thumb Impression

Note: Registration Fee is Non-Refundable even in the case of Non- Admission in the available Course

**Enclosures: - (Photocopy Attach) (Please Tick Mark)**

- A. 10<sup>th</sup> Mark-Sheet & Certificate
- B. 12<sup>th</sup> Mark- Sheet & Certificate
- C. Migration Certificate
- D. Transfer Certificate
- E. Medical Fitness Certificate
- F. Caste Certificate
- G. Domicile Certificate
- H. Aadhar Card
- I. Affidavit
- J. Bank Challan Copy
- K. Allotment Letter