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# Admission/ Re-Admission Form 20 .....

Form No. 25

Admission by

Govt.	Pvt.	Fed.	
40			-

Where you can trust		
Date of Issue	Registration No. : 20	
Fee Receipt No.	Resident of Rajasthan (Yes/No)	Please stick
Name of Candidate		recent passport size colourful photograph here
Course with Class B.Sc. Nursing	Part Ist IInd IIIrd IVth	
	Please Tick (✓)	
Caste :   General   SC   ST   OBC   Other's     Please Tick (✓)   □   □   □	Aadhar Card : Yes/No Number	



## Jeevan Shree Nursing College

Approved by Govt. of Rajasthan, Indian Nursing Council, New Delhi & Rajasthan Nursing Council, Jaipur
 Affiliated to Rajasthan University of Health Sciences, Jaipur

JMS Nagar Niwaru Road, Near Niwaru Military Area, Jaipur, Rajasthan 302012
Tel.: 099287 30000

• E-mail : principaljeevanshree@gmail.com • Website : jeevanshreenursingcollege.com

How did you come to know about the institute? Please tick \( \sqrt{ your source(s)} \)

Friends Relatives Peer Group Media Media Word of mouth Website Education Fair College Staff Social Media

Ragging is an offence under Anti Ragging Act.

Check List (Documents to be enclosed) - Refer to Page No. 4

### FEE STRUCTURE FOR NEW ADMISSIONS IN SESSION 20-----

CONTRACTOR OF		Option - I	Option - II	
Sr. No.	Courses	Total Fee (One Time)	I Installment At The time of Admission	II Installment (Plan) On Before 31st March
		₹	₹	₹
1.	B.Sc. Nursing	As	per State Govt. No	rms
		70000	40000	33000
Year	ar Particulars			
	Admission Form			500.00
	Tuition Fee			70,000.00
1st Year	Transporation			5,000.00
	(For Clinical Duty in Hospitals)			
	Picnic, Internal Exam & Activity C	harge, etc		4,000.00
	All Books (1st Year)			2,500.00
	Total			85,000,00

Fee once deposited will not be refunded in any circumstances.

- Cheque/Demand Draft should be drawn in favour of Institution payable at Jaipur.
- We also accept fee receipts through Electronic system (PayTM/Credit Card/Debit Card/Online Payment), Cheque/DD.
- · Caution money will be refunded only after completion of the course.
- Late fee charges will be ₹ 50/- per day for each default strictly after due date as per the schedule and if not paid then it will be adjusted from caution money account of the student.
- Students who are opting for installment plan has to submit post dated cheque in favour of Institute at the time of submission of this form.
- Enrollment & Examination Fees will be charged as per the fees notified time to time by the Council/RUHS.
- Assistance for Educational Loan facility is available with Andhra Bank
- Students are advised to deposit their fee in of Jeevan Shree Nursing College

  Andhra Bank A/c No. 2085101000024946

  IFSC Code: ANDB0002085

Date : Place :		Signatur	re of the Candidate	Signature of the Parent/Guardian
	Plea	se fill-in the details in BLOCK L	ETTERS only Jeevan Shree	Enrollment No.:
		Name of Student		Hosteller Day Scholar
		Father's Name		
	Please stick passport size	Class	DOB Day Month Ye	Blood Group
	photograph here	Address		
				Pin Code
		Contact No.	Aadhar No.	



## Jeevan Shree Nursing College

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 Affiliated to Rajasthan University of Health Sciences, Jaipur

For Office Use Only	(PART-A)  Please stick recent passport size colourful photograph
Registration No.	Last Class Attended here
Date	% of marks secured Permitted by
Please fill-in the deta	ails in BLOCK LETTERS only (To be filled in by the applicant)
Personal Informati	ion
Name of Student	Surname First Name Middle Name
Details of Birth	Date Place Nationality
	Day Month Year Place & State  Religion Category
Current Address	(Muslim/Sikh/Buddist/Christian/Parsee) Gen./OBC/SC/ST/PH/Mino
Current Address	
	Phone No.
Permanent Address	State Postal Code With Area Code
	State Postal Code With Area Code
E-mail Address	Mobile No.
Father's Name	Full Name Aadhar No. PAN No.
	1 di Tentro
	Position Held/Nature of Business Total Annual Income Contact Phone No. Mobile No.
	Office Address
Mother's Name	Full Name Aadhar No. PAN No.
	Position Held/Nature of Business Total Annual Income Contact Phone No. Mobile No.

1	ocal Guardian's Name		145 94-14				elationship			
		Full Name				RE	sauoriship			
		Position Held/Natur	re of Business	Total Ann	nual Income	Contact P	hone No.	Mob	ile No.	
	Academic Record	Office Address	3 7 7							
			Name of		Year	Medium of		Subjects	S	% of Marks
	Exam Board,	University	Institution a	and City	1 Cai	Instruction				Marks
	X Standard									
	XII Standard					-				
B.Sc.	Part 1st									
Nursing	Part 2nd									
	Part 3rd			141	ablar			-	- TENER	
	Health Status (	Do you ha	ive any h	eaith pr	obier	n <i>)</i>				and and
1116	Asthma Da	ibites insip	idus	Hyperten	sion	Tu	berculo	sis	Etc.	
				YES	NO	If Y	es, Form	No.	11	
	Whether availing			TES	NO		23, 1 31			
	Name and Phone No.						7 8 7 7	PARTIE		4 17 1
	Course in which adr						_			
		Class								
		ilsory Subjects tional Subjects								
	Ор	lional Subjects								
	Specify Certificate Pro	gramme opted								
	(Refer prospectus)			aive the	dotail	c with re	asons			
	If you have failed			of the Instit		Year	City & C	ountry	Result / R	eason
	Name of Examination	Board/Unive	ersity Name	or the Instit	ution	rear	City di C			
	AUTOK LYCT (		he analosed)					Checked b		documents mitted on
	CHECK LIST (D	ocuments to i	be eliciosed)			Original F		Authority (/	// Sul	AIIILLEGU OII
	Aadhar Card						1			
	Aadhar Card     Mark sheet of S	Secondary Exam	nination			1	1			
	Mark sheet of S     Mark sheet of t	he Qualifying E	xamination (10	0+2)		1	1 2			
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#### (PART-B)

### Parent/Guardian's Undertaking

1	father/mot	her/guardian of	hereby
undertake the responsib	ility of good and disciplined be	haviour of my ward till she re	mains a student of your college.
essential for the enhan		nality. She will attend all	Oriented Programme (HOP) are the classes regularly and strict
applicant. I am respons details given by my ward	ible to pay the penalty ₹ 1,0 d in this form are correct. If a l stand cancelled. The local G	00.00 in case of cheque be	ge, if these remain unpaid by the bunced. I hereby certify that the be false, I understand that the as below and he/she only will be
Photograph	Photograph	Photograph	Photograph
(Father)	(Mother)	(Local Guardian)	(Local Guardian)
Name	Name	Name	Name
		- Relationship———	— Relationship————
<u>©</u>	©	<u>©</u>	
Signature	Signature	Signature	Signature
	ide by the rules and regulatio		sonally compensate in terms of ge and the University & she shall
	ard leaves the college after jos. All the fees/amount depos		ver may be the reason, I will not be forfeited.
l also agree to allow my washall be fully responsible		of co-curricular activities, ind	ustrial tours, excursions etc. and
	Signature of the Stud	dent S	ignature of the Parent/Guardian

#### (PART-C)

#### **Declaration by the Student & Parent**

- I have read the rules and regulations regarding the prospective course for admission in this college.
- I solemnly affirm that all above informations given by me and in the enclosures are true & correct. I understand that, if any information furnished therein is found to be untrue in material content, I shall be liable to legal action and may also be expelled from the college/admission may be cancelled by Council/University.
- I understand that the "Student Development Programmer" (SDP) & Hospital Oriented Programme (HOP) is essential for the enhancement of my entire personality and that I shall regularly attend the programme. I stand solely responsible for missing my classes due to absenteeism. Strict disciplinary action to the extent of termination from college roll sheet can be taken against me if I am found violating the rules and regulations of the college
- I hereby declare that I have fully read aforementioned rules and all the rules, regulations, policy etc., framed by Council/University/Govt. of Rajasthan for my admission and swear to abide by the same. If any kind of breach is observed, it will be my whole and sole personal responsibility for the same. I understand that if I leave the college after joining the classes whatsoever may be the reason, I will not claim for refund of fees. All the fees/amount deposited with the institution shall be forfeited.
- I hereby declare that I am aware that use of mobiles within the college/hostel campus is strictly prohibited. In case violation of this rules is found with my ward, it will be confiscated and ₹ 1,000/will be charged as a fine and mobile will not be returned.
- I understand that if my attendance falls below 80%, I will not be allowed to appear for Final Examination of University / Council.
- I undertake to pay the Tuition/Hostel/other dues regularly.
- I commit to follow the uniform norms (dress code) of the college.
- I know the admission procedure clearly. I won't claim for any fee refund from the college in any circumstances.
- I will not do anything either inside or outside the college premises that will interfere with its orderly working and discipline.
- I declare that I have not been involved in any unfair means at School/University Examinations.
- I understand that if the University at any stage disqualifies me for enrolment/ examination, the admission given to me will be automatically cancelled and I shall not hold the institution responsible for the same.

Date : Place :		
	Signature of the Student	Signature of the Parent/Guardian