



Apex College of Nursing

and

Apex School of Nursing

(Recognized by Indian Nursing Council, New Delhi &
U.P. State Medical Faculty, Lucknow and
Affiliated to Mahatma Gandhi Kashi Vidyapith, Varanasi)

Apex Paramedical Institute

Bhikharipur, D.L.W. Hydel Road, Varanasi-221004

Application Form

Completed application form will be submitted to the

Principal
Apex College of Nursing,
Bhikharipur, D.L.W. Hydel Road,
Varanasi-221004, U.P.

Affix your
recent attested
passport size
photograph
here

COURSE APPLIED FOR (B.Sc. Nursing /GNM / ANM / POST BASIC B.Sc. Nursing)

I. Personal data

1. Name of the student (BLOCK LETTERS)

2. Father's Name (BLOCK LETTERS) Mr.

..... Occupation

3. Mother's Name (BLOCK LETTERS) Mrs.

..... Occupation

4. Annual Income of parents: Rs. / Rupees.....

5. Date of Birth Age years..... Months

6. Permanent address (BLOCK LETTERS)

..... PIN

Phone Mobile

7. Address for Correspondence (BLOCK LETTERS)

..... PIN

Phone Mobile

8. Religion Nationality

10. Category – General SC ST OBC (Put Tick ✓ marks)

11. Marital Status - Married Unmarried (Put Tick ✓ marks)

II. Academic Qualification

Examinations passed	Board/ University	Subjects	Year of passing	Marks Obtained	Total Percentage	Percentage in PCBE (for B.Sc. Nursing only)
High School /Secondary Board Examination (SSLC)						
Senior Secondary Board Examination/ Intermediate						
Graduation						
Post Graduation						
Others						

III. Co-curricular activities (if any)

.....

Declaration

- I daughter / son of do hereby solemnly affirm and declare that: the information in this form is correct to the best of my knowledge and belief.
- I shall abide by the rules and regulations of this College/School as stated in the prospectus.
- I shall not violate the rules of the College/School by taking part in any kind of strike, ragging or such other activities harmful to the College/School. If I do so, my name may be struck off from the College and I shall not claim any return of the fees paid.
- I admit that the fees paid to the College/School will neither be refundable nor transferable, whatsoever may be the reason.

- In case I leave the College/School before the completion of the course, I shall be liable for payment of all the dues, whatsoever, before “No Dues Certificate” is issued by the College/School authority.
- I shall pay the fees and all other dues in time as mentioned in the prospectus and as notified from time to time.
- I will attend regular classes and participate in all the College and School activities.
- All the disputes are subject to the jurisdiction of Varanasi Court only.

Date:

Place

Signature of the candidate

This is to certify that I, father/mother/guardian of above candidate shall be responsible for regular payment of fees, any other dues, good conduct and welfare of my daughter/son Miss/Mr. during her/his studies in this College/School.

Date:

Place

Signature of Parents/Guardian

Name in Block Letters

Relationship

Last date of submission of Application Form



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Application Form for Girl's / Boy's Hostel

Applied for Girl's / Boy's Hostel

Name of the student (BLOCK LETTERS)

Father's Name (BLOCK LETTERS) Mr.

..... Occupation

Mother's Name (BLOCK LETTERS) Mrs.

..... Occupation

Date of Birth Age years..... Months

Permanent address (BLOCK LETTERS)

.....

..... PIN

Phone Mobile

Address for Correspondence (BLOCK LETTERS)

.....

..... PIN

Phone Mobile

Food habit (Vegetarian / Non-vegetarian)

Allergic to any food item

Name of the Local Guardian (BLOCK LETTERS) Mr./Mrs.

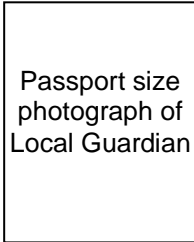
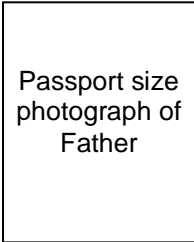
.....Age Occupation

Local Guardian's Address (BLOCK LETTERS)

.....PIN Phone

..... Mobile

N.B. – Hostel rules and regulation are to be followed as per the prospectus.



.....
Signature

.....
Signature

.....
Signature