



"Building Mind's , Building Character's"

LORD KRISHNA COLLEGE OF NURSING

Hamirpur Tiraha, Village Hamirpur District Datia (M.P.)

Ph. : 89899-78361, 99937-58481 Email - lkcn_datia@yahoo.in

Recognized By : Indian Nursing Council, New Delhi & M.P. Govt.

Affiliated To : Madhya Pradesh Nurses Registration Council, Bhopal & Madhya Pradesh Medical Science University, Jabalpur

ADMISSION FORM Session 201__ to 201__

Course : ANM ☐ GNM ☐ B.Sc. Nursing ☐ PB.B.Sc. Nursing ☐ M.Sc. Nursing ☐

Name (in Block Letters) :

Father's Name :

Mother's Name :

Guardian Name :

Date of Birth :

Nationality :

Category : UR ☐ OBC ☐ SC ☐ ST ☐

Occupation of Guardian :

Annual Income :

Permanent Address :

Pincode

Correspondence Address :

Pincode

Parent's Contact No. :

Student Contact No. :

Student Aadhar Card No. :

Guardian Aadhar Card No. :

Samgra ID No. :

Bank Account No. :

Bank Name :

Bank IFSC Code :

Affix
Photo

Education Qualification:-

| Class | Year of Passing | Subjects | Board / University | Marks Obtain | Total Marks | (%) Obtained | Roll Number |
|---------------------|-----------------|----------|--------------------|--------------|-------------|--------------|-------------|
| 10th (High School) | | | | | | | |
| 12th (Intermediate) | | | | | | | |
| Graduation | | | | | | | |
| Other | | | | | | | |

DECLARATION

I _____ D/o/S/o/W/o _____ do hereby solemnly affirm and declare that information in this form is correct and to the best of my knowledge and nothing has been concealed by me.

1. I shall fully abide by the orders, rules and regulation of this college as stated in the prospectus.
2. I shall not violate the rules of the college by taking part in any kind of strike or such other activities harmful to the administration/ college. If I do so my name should be struck off from the college and shall not be allowed for refund of fees paid.
3. I admit that any charge/fees paid to the college will neither be refundable nor transferable, whatsoever may be the reason.
4. In case, I leave the college before the completion of the course, I shall be liable for the payment of all dues of the college.
5. I admit that I will maintain minimum 80% attendance in classes & 100% attendance in clinical experience.
6. I shall pay the fees and all other dues in time as mentioned in the prospectus / notified from time to time.
7. I will attend regular classes, participate in college activities and self development programme.
8. All the disputes are subject to the jurisdiction of Datia Court only.

This is to certify I father/guardian shall be responsible for regular payment of fees, any other dues, good conduct & welfare of (Name of The Student) _____ during studies in Lord Krishna College of Nursing, Datia (M.P.).

.....
Signature of Guardian

.....
Name & Signature of Intro

.....
Signature of Student

For Office Use Only

This is certified that _____ S/o,D/oW/o _____ is admitted in ANM / GNM / B.Sc. Nursing / PB. B.Sc. Nursing / M.Sc. Nursing course Session 20 _____.

**Signature of
Counseling Head**

**Signature of
Registrar**

**Signature of
Principal**