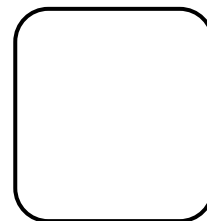




YOGMANI INSTITUTE OF NURSING

Affiliated to M.P. Nursing Council, Indian Nursing Council, M.P. Medical University
Address:- 198/2, Raigwan, ward no. 72, behind Arihant warehouse, Patan bypass chowk Jabalpur (MP)
Contact No : 8989220333, 8989228333, 9926184814 Mail ID- yogmaniinstituteofnursing@mail.com

Application for Admission in B.Sc. Nursing Course



Session 2023-24

- 1- STUDENT NAME:- _____ GENDER (M/F) _____
- 2- FATHER NAME:- _____
- 3- OCCUPATION: _____ DEPARTMENT: _____ SALARY (Yr.) _____
- 4- MOTHER NAME: _____
- 5- DOB :- _____ Caste: _____
- 6- ADDRESS (AS PER ADDHAR CARD): _____

- 7- ADHARCARD NUMBER:- _____
- 8- SAMAGRA ID NUMBER:- _____
- 9- ADDRESS (Local) : _____

- 10-DETAIL OF LOCAL GUARDIAN WITH MOBILE NUMBER:- _____

- 11-MOB NO. (SELF) _____, FATHER'S MOBILE NO- _____
- 12-HOSTEL FACILITIES (Y/N) : _____
- 13-BUS FACILITY :- (Y/N) :- _____



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14-REQUIRED DETAILS:-

Sno	Class	Details
1	10 th	1- BOARD NAME:- _____ 2- SCHOOL NAME :- _____ 3- ROLL NUMBER :- _____ 4- MARKS & PERCENTAGE :- _____
2	12 th (BIO SUBJECT)	1- BOARD NAME:- _____ 2- SCHOOL NAME :- _____ 3- ROLL NUMBER :- _____ 4- MARKS & PERCENTAGE :- _____
3	Gap	IF (YES) GAP CERTIFICATE REQUIRED.

Note:- 1- All Documents copy enclosed (8 set) & submit Original & Digital Documents.

2- The student will compulsorily stay in the hostel till such session is completed.

3- It is mandatory to follow the rules & regulations of the hostel

4- College fee, Hostel Fee, & Bus fee must pay in advance of the current month (till date 5th of Every Month)

5- If you want you can paid total Bus fee on admission time.

6- If you want, you can paid Hostel fee in two part of the total one year fee.

Declaration by the Student

I hereby solemnly affirm that all the information furnished in this application for admission to **Yogmani Institute of Nursing** is correct and that the information supplied is complete. I agree to abide by all rules and regulations that are now in force or may be brought in force, at **Yogmani Institute of Nursing**. I understand that withholding information or giving false information will make me ineligible for admission at **Yogmani Institute of Nursing**, also understand that the application fee and programme fee paid to **Yogmani Institute of Nursing** is not refundable under any circumstance.

Signature of the Student

छात्र द्वारा घोषणा

मैं सत्यनिष्ठा से कथन करता हूँ कि योगमणि इंस्टीट्यूट ऑफ नर्सिंग में प्रवेश केलिये इस आवेदन में दी गई सभी जानकारी सही है। मैं संस्था के सभी नियमों का पालन करने हेतु सहमत हूँ। गलत या अपूर्ण जानकारी देने पर संस्था यदि मेरा प्रवेश निरस्त करती है तो मुझे कोई आपत्ति नहीं होगी। एक बार शुल्क जमा होने के पश्चात् मैं फीस वापसी हेतु कोई आवेदन नहीं दूंगा/दूंगी एवं किसी भी प्रकार का कोई दावा प्रस्तुत करूंगा/करूंगी।

छात्र/छात्रा के हस्ताक्षर