

# SARASWATI NURSING AND PARAMEDICAL INSTITUTE

(Saraswati Group of Institution)  
Civil Hospital Road, Mangaldai, Darrang, Assam-784125  
E-mail: sarasawatinursingparam@gmail.com

Attach a  
Passport size  
Photograph

## Application for Admission

Date:.....

Course Name: .....

Enrollment No: .....

To be filled up in **CAPITAL LETTERS** only.

1. Name in full : .....

Father's Name : .....

Mother's Name : .....

**Note: Legal Guardian- In absence of parents, any Senior Blood Relation of candidate will be accepted as the Legal Guardian.**

Permanent Address, Telephone No.	Address for correspondence, Telephone No.
C/o : .....	C/o : .....
Place : .....	Place : .....
P.O : .....	P.O : .....
P.S : .....	P.S : .....
Dist : ..... State : .....	Dist : ..... State : .....
Pin code : ..... Ph. No : .....	Pin code : ..... Ph. No : .....

2. E-mail ID: .....

3. Date of Birth

4. Nationality : .....

5. Religion : .....

6. Caste : .....

7. Place of Birth : .....

8. Marital Status : Single  / Married

9. Gender : Male  / Female

**10. Name, Relationship, Address, Telephone No. of Local Guardian in Mangaldai (It is compulsory for the candidate to fill this column)**

Name	Relationship	Address	Telephone no.

**11. Academic details:**

Qualification	Examination Board/Univ.	Subject	Marks	Medium of Instruction	Year of Passing	% Marks & Division	Name of the Institution
Higher Secondary (12 <sup>th</sup> )							

I. Name of the School/College last appeared: .....

II. Address: .....

**12. CO-CURRICULAR ACTIVITIES:**

- I. \_\_\_\_\_
- II. \_\_\_\_\_
- III. \_\_\_\_\_

**15. LANGUAGES KNOWN:**

- I. \_\_\_\_\_
- II. \_\_\_\_\_
- III. \_\_\_\_\_

**13. I am enclosing herewith the following documents (Please put tick mark )**

- I) Self-attested copy of High School Certificate / Marksheet
- II) Self-attested copy of Higher Secondary marksheet / Certificate
- III) Migration Certificate from Board/ University
- IV) Three passport size photographs.

**(NB: The “Migration Certificate” has to be submitted within one month of admission)**

**14. Declaration:**

I hereby declare that the statements made above are true and correct to the best of my knowledge and belief. I have read the prospectus/information booklet and fully understand that in the event of violation of any of the rules and regulations of the Institution which are in force and which may come into force in future, I am liable to immediate dismissal from the course. I consent to undergo the course for its full term/duration including the internship period. I undertake that so long as I am a student of this institution, I will not participate in any activity either inside or outside the institution which will interfere with its administration, smooth functioning and reputation. I shall not claim any refund from the Institution (After admission) including the security deposit, admission fees and semester fees, even if I do not attend my classes. I will not participate or support any ragging activity within or outside the institution.

\_\_\_\_\_  
Signature of Applicant

Date :.....

Place :.....

**15. Undertaking by Father/Mother/Legal Guardian:**

I, Sri/Smt. .... Father/ Mother/ Legal Guardian of  
..... resident of .....  
have read the prospectus and undertake to pay all dues/ fees as applicable on time for undergoing the course of my son/daughter. I also consent to pay the Security money as per rules. This amount may be forfeited if the student fails to complete the course or is dismissed from the Institution on account of misconduct or otherwise.

\_\_\_\_\_  
Signature of Father/Mother/Legal Guardian

Date :.....

Place :.....

**FOR OFFICE USE ONLY**

**Admission given at:..... Enrollment No: .....**

**Admission given by:**

**Name: ..... Signature.....**

**Admission date: .....**

**Amount paid during admission: ..... Money Receipt no: .....**

**Payment details:**

**Cash/DD, DD no: ..... Date: ..... Bank: .....**