



Vrundavan Institute of Nursing Education

Unit: Bhagirathi Surya Naik Memorial Trust

Colvale Bardez Goa

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and Sign across

ADMISSION FORM FOR III AND IV YEAR B.SC NURSING ACADEMIC YEAR 2021-22

REFERENCE NO: _____

1. APPLICANTS NAME: _____
SURNAME NAME MIDDLE NAME

2. ADDRESS _____

3. Tel No: Parents _____ Students _____

4. Date of Birth _____ Religion _____ Cate: General/OBC/SC/ST/Other

5. Permanent Address _____

6. Email ID _____

7. State any Scholarship Received and date _____

8. Ailments
Any major illness in the past/ present _____

9. Payment detail : Amount deposited : _____ date : _____
UTR No/ Ref No: _____ Bank Name: _____

10. Declaration by candidate

I, Ms/Mr. _____ hereby declare that the information given by me in the admission form is complete and correct to the best of my knowledge and belief. I understand that in event of any default at any time after the admission the application form will be treated as cancelled or rejected without any negotiation and I would be required to discontinue the nursing studies without any prior notice.

Signature of Candidate

11. Declaration by Parents/Guardian

I, Ms/Mr. _____ hereby declare that I have carefully gone through the rules and regulations and I undertake in the event of the above application being admitted to pay regularly all the fees and other dues before end of 01st March 2022

Place: _____

Date: _____

Name and Signature of parents/Guardian