

MAA ASARFI NURSING SCHOOL, ASARFI HOSPITAL

Tikhampur, Polytechnic Road Ballia (U.P.) 277001

CENTRE CODE – 1104

www.maaasarfi.in

www.upsmfac.org

ADMISSION FORM

Applied For..... Admission Date...../...../.....

PERSONAL DATA

NAME: -
Date of Birth: -/...../..... Age..... years
Sex: - Nationality.....
Religion: - Category: -
Blood Group: -.....ve

PHOTO

FAMILY DETAIL

Father name: - Mr.....
Mother name: - Mrs.....
Father Occupation: -
Permanent Address: - Village.....
Post.....
District.....Pin.....
Contact No.: - Mobile No.....

ACADEMIC QUALIFICATION

SL. NO.	EXAM PASSED	BOARD/UNIVERSITY	SUBJECT	MARKS	PERCENTAGE
01	Metrics				
02	10+2/Inter				
03	Graduation				
04	Other				

NOTE: - Attested photocopy of all documents must be attested with form.

Major Extra-Curricular Activities/ Hobbies.....

LIST DOWN THE ENCLOSURES

01 05
02 06
03 07
04 08

DECLARATION

IS/o, D/o..... do hereby solemnly affirm and declare that;-

- Information in this form is correct to the best of my knowledge and belief and nothing has been concealed by me.
- I shall abide by the orders, rules and regulations of this school as stated in the prospectus. I ignorance of the same will not be excused by the school authorities.
- I shall not violate the rules of the school by taking part in any kind of strikes, ragging or such other activities harmful to the administration/ school. If I do so, my name should be struck off from the school and I shall not claim any return of feed paid.
- I admit that any charges/fees paid to the school will neither be refundable nor transferrable, whatsoever may be the reason.
- In case I leave the school before the completion of the course, I shall be liable for payment of all dues, whatsoever, before no dues certificate is issued by the school.
- I shall pay the fees and all other dues in time to time as mention in the prospectus/notified from time to time.
- I will attend regular class and participate in school activities and self development.

Date /...../.....

Signature of the candidate

This is to certify that Ifather/guardian of above shall be responsible for regular payment of fees, any other dues, good conduct and welfare of Mr./Miss/Mrs..... During her studies in this school.

Date.... /... /.....

Signature of father/guardian

Office Use Only

Admission Course.....

Add. No..... Date.... /... /.....

Principal