



Application No.

SHIFA INSTITUTE OF MEDICAL SCIENCES (SIMS)

RUN BY SHIFA MEDICARE TRUST

AL SHIFA COLLEGE OF NURSING

Lemon Valley, T.B. Road, Angadippuram P.O., Perintalmanna, Malappuram Dt., Kerala St., Pin - 679 321

E-mail: alshifagrpsancharnet.in, web: www.alshifahospital.com

APPLICATION FOR ADMISSION TO B.Sc. NURSING COURSE FOR THE ACADEMIC YEAR

Affix Recent
Passport size
Colour Photo

(USE ONLY CAPITAL LETTERS)

1 Name of the Applicant

2 Expansion of Initial (s)

3 Age and Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age		Date		Month		Year	

4 Sex (Please tick)

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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5 Marital Status

6 Caste & Religion

7 Name of the Parent / guardian / Spouse

8 Occupation of the Parent/ guardian / Spouse

9 Annual Income

Rs.

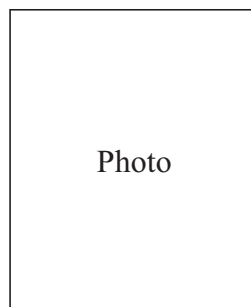
10 Nationality

ATTACH THE REQUIRED DOCUMENTS

1. Self addressed envelope (24cm x10cm) with postal stamp of Rs.10/-
2. Attested copies of following certificates :
 - Secondary School Certificate / Mark sheet mentioning date of birth
 - (10+2) Certificate and Mark Sheet
 - Medical Certificate from a Registered Med. Practitioner a degree not below M.B.B.S
 - Attested true copy of SC, ST Certificate if applicable.
 - 4 recent passport size photographs attested by Gazetted Officer. One photo to be pasted on the Application Form.

Instructions for the Photograph

1. 4 recent high contrast passport size photographs (color or black and white) with light back ground are required.
2. Photograph must be snapped on or after date of application.
3. Photograph must be taken with name of candidate as in application form.



Note : Name and date on the photograph must be clear and legible. Mistakes resulting in rejection of application:

- Application not sent on application forms issued by the College for the current academic session.
- Variation in name spelling as recorded in application, SSC or equivalent certificate and graduation certificate. Variation (if any) should be supported by an affidavit on stamp paper duly attested by a Notary.
- Application received after due date. College is not responsible for postal delays.
- Incomplete Admission Ticket e.g. Photograph not attested by the concerned authority, no signature of the candidate or incomplete postal address, etc.

DECLARATION BY THE CANDIDATE

I D/o.....
do here by 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 **AI Shifa College of Nursing** as stated in the prospectus. Ignorance of the same will not be excused by the College authorities.
- I shall not violate the rules of the College by taking part in any kind of strikes, ragging or such other activities harmful to the Administration / College. If I do so, my name should be struck off from the College and I shall not claim any return of fees paid.
- I admit that any charges / fees paid to the College will neither be refundable nor transferrable, whatsoever may be the reason.
- In case I leave the College before the completion of the course, I shall be liable for payment of full dues, whatsoever, before “no dues certificate” is issued by the College.
- I shall pay the fees and all other dues in time as mentioned in the prospectus / notified from time to time.
- I will attend regular classes and participate in College activities and self development programmes.
- I pledge myself, never to take part directly or indirectly in any political, economic communal, subversive or any other such activities.
- I shall accept the decisions of University, Govt. of Kerala, Indian Nursing Council or any other statutory bodies constituted if any regarding qualifications / eligibility for admission as final.

Signature of the Candidate

Date

This is to certify that I, father / guardian of above shall be responsible for regular payment of fees, any other dues, good conduct and welfare of Km
during her studies in this College.

Signature of Father / Guardian

Date

FOR OFFICE USE ONLY

Rank No.	
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Application No.	
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Rank No.	
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Category	
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Details of Certificates verified and deposited

- 1
- 2
- 3
- 4
- 5
- 6

Particulars verified by

Name

Signature

Original Certificates verified by

Name

Signature

Location of the deposited Original Certificates

REMARKS

Principal