



J. B. School of Nursing

A unit of J. B. Foundation Trust

Baghorbori to Satgaon Road, Ambari, Satgaon, Guwahati-781171

(Recognised by Indian Nursing Council (INC) New Delhi & Assam Nursing Council (ANC), Approved by Govt. of Assam.)

Form No.

0002

APPLICATION FORM

Paste recent Passport Size
Colored Photography

Read the Instructions Carefully before filling the form

2. Name of the Applicant (As in School)

3. Father's Name :

4. Mother's Name :

5. Date of Birth

6. Nationality

7. Blood Group

8. Permanent Address:

District

State

Pin Code

Contact No.

9. Correspondence Address :

District

State

Pin Code

Contact No.

10. Gender

 Male Female

11. Resident

 Urban Rural

12. Category

 Gen OBC SC ST

Others

13. E-mail ID:

14. Demand Draft/Cheque Details : No.

Dated

Amount

Bank with Branch Name

15. Details of Academic Qualification (From 10th Standard onwards). Enclosed Xerox of all the required testimonials

Exam. Passed	Board / University	Year of Passing	Marks Obtained	Result	% of Marks
10 th Pass					
12 th Pass					
Graduation					

Continue...

16. Enclosures : Self attested

Sl. No.	Name of Document attached

DECLARATION BY THE CANDIDATE

I hereby declare that I have read and understood the eligibility criteria and have fulfilled the same as laid down in the Prospectus/Brocher. The information/documents furnished by me are correct to the best of my knowledge and believe. I shall submit any other information/documents that may be required in the future. I shall abide by existing rules and regulation of the institution as detailed in the Prospectus/Brocher and agree to confirm to the rules and regulations that may hereafter be made for the governance of the Institution. I will do nothing either inside or outside the Institution that may make harm to the Institution.

Date.....

Signature of the Candidate

DECLARATION BY THE PARENT/GUARDIAN

In the event of my son/daughter /ward mr./miss. being admitted to the to the J. B. School of Nursing under J. B. Foundation Trust, Guwahati. I shall bear the responsibility of his/her conduct in and outside the Institution and I undertake to pay his/her dues and other expenses during his/her course of study in the said Institution. I am aware that according to the rules of the Institution a minimum attendance of 80% is required in lectures and sessional on each subject of study.

I will withdraw my son/daughter/ward from the Institutions if his/her attendance, Progress or conduct are found unsatisfactory and also if he/she fails to clear the dues in time.

Details of Local Guardian

Name :.....

Address :.....

Relation :.....

Contact No. :.....

.....

Signature of the Parent/Guardian

Relationship with the candidate.....

occupation.....