APPLICATION FORM FOR ADMISSION

Annexure - I

M.S. HOSPITAL & RESEARCH CENTER

421, BHAKHAMAU, POST: - BASAHA, KURSI ROAD, LUCKNOW

Recognized by: UP STATE MEDICAL FACULTY

Note : Application form to be filled by candidate in block letters & in her/his own handwriting. All statements made in this form must be supported with attested copies of certificates.

Paste recent passport size photo

01.	COURSE APPLIED FOR	
02.	APPLICANT NAME IN ENGLISH	
03.	APPLICANT NAME IN HINDI	
04.	Father's Name	
05.	Mother's Name	
06.	Date of Birth in digit	
07.	Date of Birth in words	
08.	**Adhar no.**	
09.	**Name appear in Adhar No.**	
10.	**Category**	
11.	**ADDRESS WITH PIN CODE**	
12.	**PARENT MOBILE No. WHATSAPP No. Mention Father & Mother**	
13.	**Self Mobile No.**	
14.	**Self Whatsapp No.**	
15.	**Email-id**	

Academic Qualification							
Name of Examination	Board	Year of Passing	Subjects	Total Marks	Obtained Marks	Division /Grade	Percentage
High School							
Intermediate							

16. Check List: One set of below mentioned documents with self-attested to be submitted along With filled application form

S. No.	DOCUMENTS	YES /NO
01.	10th Pass Mark sheet (Photocopy) -03	
02.	10th Pass Certificate (Photocopy) -03	
03.	12th Pass Mark sheet (Photocopy) -03	
04.	12th Pass Certificate (Photocopy) -03	
05.	Transfer Certificate (Original)	
06.	Character Certificate (Original)	
07.	Brown covered labelled Cobra File	

Date: - _____

Place: - _____

Signature of the Candidate

DECLARATION BY CANDIDATE

1. I hereby declare that the application filled in my own handwriting and all statements made in it are true, complete, and correct to the best of my knowledge and belief and nothing has been concealed. In the event of any statement being found false or incorrect or any Ineligibility being detected before or after the selection, action as such removal of my name From the rolls and/or other action as may be considered necessary can be taken against me.
2. I also declare that I have carefully read the contents of the Prospectus in respect of the course applied for and undertake to abide by the provision contained therein.
3. I further declare that I fulfill the all eligibility conditions regarding educational Qualification,experience etc. prescribed by the Institute for admission to the course applied for.
4. If selected and admitted to the course:
   (a) I agree to work/undergo the course on regular basis.
   (b) I shall not engage myself in any part time job/private practice during the course, if found, my name may be struck off.
   (c) I am abide by the rules and regulation of Organization and aware that fees once paid will not be adjustable and returnable.

Place: - _____

Date: - _____ Signature of Applicant

DECLARATION BY THE PARENT / GUARDIAN

I hereby declare that I shall be responsible for timely payment of all dues to the MSHRC, LUCKNOW in respect of my son/daughter/ward (name _____) during the period of his/her stay at the Institute until their dues is cleared.

Date: _____

Place: _____ Signature of Parent /Guardian

Name: _____

Relation with candidate :- _____

"RAGGING IS TOTALLY BANNED AT MSIN & MSHRC"

Name	-: M.S Institute Of Nursing
Bank Name	-: State Bank Of India
Branch	-: Behta , Lucknow
Account No.	-: 33391137058
IFS Code	-: SBIN0014895
MICR Code	-: 226002067