



**HEAD OFFICE THE:- BARIPADA, MAYURBHANJ, ODISHA,
BIJUPATNAIK / VIKASH / BRILLIANT, NURSING TRAINING SCHOOL / COLLEGE &
PHARMACY COLLEGE & BIJUPATNAIK / VIKASH ALLIED MEDICAL TECHNOLOGY,**

**AT-DEBENDRA PUR, PO- TAKATPUR, PRM MEDICAL COLLEGE ROAD,
PS- BARIPADA, DIST. - MAYURBHANJ, ODISHA, PIN-757003,**

www.bjuvishmedicalandnursing.com, Email:- admission.bjubikash2021@gmail.com

OFFICE CONTACT NO 06792-262625(0) 9438047436,7978242966

APPLICATION FORM FOR ADMISSION SESSION 2021-2022

GENERAL INSTRUCTION: -

- FILL IN THE FORM IN CAPITAL LETTERS ONLY
- The form must be duly filled and signed by the parents and local guardian only.
- Incomplete form will not be accepted
- Admission fee paid will be Non-Refundable and Non-transferable.

Candidate

Father

Mother

Local Guardian

(TO BE FIELD IN BY THE APPLICANTS IN THEIR OWN HAND WRITING)

Name of the Institution -----

Name of Training Course Apply For -----Duration-----

1.Name : Mr. / Mrs. / Miss. ----- Aadhaar card No-----

[In Capital letters] First Name Middle Name Last Name

2. Fathers Name ----- Aadhaar card No -----

3.Mothers Name ----- Aadhaar card No -----

4.Local Guardian Name & Address -----

5.Date Of Birth -----

6. Permanent Address: -----

7. Present Address:-----

8. Educational Qualifications Detail:-----

| Qualification | School/college | University/Board/Council | Year of Passing | Total Mark | Obtain of Mark | % of Mark |
|------------------|----------------|--------------------------|-----------------|------------|----------------|-----------|
| 10 th | | | | | | |
| +2 | | | | | | |
| +3 | | | | | | |

9. Contact Number: -----
10. Nationality:- ----- Mother Tongue:-----
11. Caste -----Religion -----
13. Marital Status-----
14. Occupation father and mother :- -----
15. Your identification mark (any spot in body) -----
16. weather suffering from, any communicable disease----- (if yes, give details)

STUDENTS WITH GUARDIAN UNDERTAKING/DECLARATION

I am guardian S/O/D/O..... Undertake /Declaration obey for nursing Institution all rule /Regulation with I agree to abide by the rule of the school and hostel pay all fees and deposit all other dues as laid down in the school and hostel rules or may become due under these rule. I Further Not any Claim in Your Nursing Institution Fee Structure & Rules & Regulation. After admission I will not cancel my Admission seat, if cancelled my admission Seat. I will not demand for refundable of my Paid money. I will deposit total course fee with Hostel Accommodation fees as per Institutions rules & Regulation. I certify that I have examined the above named Candidate and cannot discover that she /he has any diseases, constitutional weakness or bodily infirmity and I Consider that the candidate is physically and mentally fit to undergo General Nursing and Midwifery Training Course under Health & F.W. Department. ONMRC,ONMEB, I Submit Original Leaving Certificate With my all 10th & +2/12th Mark Sheet, Boart Certificate & Migration Certificate as per Institutions rules & Regulation.

Signature Father : -----

Signature Mother: -----

Signature Local guardian: -----

Signature Student

ONLY FOR OFFICE USE

Admitted Candidate Name-----

Name of the Course-----Duration-----

Academic Session-----Admission Date-----

Hostel Joining Date-----Roll no-----

PRINCIPAL

DOCUMENTS REQUIRED FOR SEAT CONFIRMATION -2021-22

1. Original with Xerox 10th (HSCE) pass certificate and mark sheets issued by BSE odisha/WBSE .
2. Original with Xerox +2 pass certificate and mark sheets issued by CHSE odisha/WBCHSE.
3. Original College Leaving Certificate /Transfer Certificate.
4. Original character /conduct certificate from the Head of the Institution last attended.
5. Xerox Domicile/Residential certificate.
6. Xerox Cast certificate (ST/SC Candidate)
7. 6 copy of self attested recent passport size color photograph.
8. Xerox Aadhaar card.
9. PDC 8pcs cheque.
10. Online Seat Reservation candidate fee for RTGS/NEFT 30,000/- Receipt with bank passbook update.
11. Court affidavit with Agreement both candidate and Guardian 10 rupees stamp paper.
12. Seat conform time submission for RTGS/NEFT 50,000/- receipt with bank passbook update
13. Migration Certificate.
14. Medical Fitness Certificate.
15. All Above Documents are (4 set Xerox) submission in the time of seat conform.

BIJUPATTNAIK NURSING TRAINING SCHOOL &, COLLEGE, BIJUPATTNAIK MEDICAL TECHNOLOGY RECIEVED FOLLOWING DOCUMENTS:-

| Sl No | Document | Submitted Date | Document Return | Return Date | Signature | Remark |
|-------|--|----------------|-----------------|-------------|-----------|--------|
| 1 | Original 10 th (HSCE) pass certificate | | | | | |
| 2 | Original 10 th pass mark sheets | | | | | |
| 3 | Original +2 pass mark sheets | | | | | |
| 4 | Original +2 pass certificate | | | | | |
| 5 | Xerox Domicile/Residential certificate | | | | | |
| 6 | Xerox Cast certificate (ST/SC Candidate) | | | | | |
| 7 | 6 copy of self attested recent passport size color photograph. | | | | | |
| 8 | Xerox Aadhaar card | | | | | |
| 9 | 8pcs PDC cheque (GNM) 11 pcs cheque (B.sc) | | | | | |
| 10 | Original character /conduct certificate | | | | | |
| 11 | Original College Leaving Certificate /Transfer Certificate | | | | | |
| 12 | Migration certificate | | | | | |
| 13 | Agreement 10 rupees stamp paper. | | | | | |
| 14 | Group photo wit local guardian | | | | | |

Signature of Students

Signature of Principal