



**HEAD OFFICE:- BARIPADA, MAYURBHANJ, ODISHA.**  
**BIJUPATTNAIK MEDICAL TECHNOLOGY, BARIPADA.**

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

[www.bjuvakashmedicalandnursing.com](http://www.bjuvakashmedicalandnursing.com), Email:- [admission.bjubikash2022@gmail.com](mailto:admission.bjubikash2022@gmail.com)

**OFFICE CONTACT NO- 06792-262622(0) 9438047436,7428867569**

**APPLICATION FORM FOR ADMISSION SESSION 2024-2025**

**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. Father's Name ----- Aadhaar card No -----

3.Mother's Name ----- Aadhaar card No -----

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

5.Date Of Birth -----

6. Permanent Address: -----

7. Present Address:-----

8. Educational Qualifications Detail:-----

P.T.O.

Qualification	School/college	University/Board/Council	Year of Passing	Total Mark	Obtain of Mark	% of Mark
10 <sup>th</sup>						
+2						
+3						

9. Contact Number: Student-----Father/Mother ----- Local Guardian-----

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 ..... hereby declare and undertake that the above stated information's are true and correct to the best of my knowledge and belief. My D/O, S/O ..... Finally Admission .....Course ..... Years. I shall be held responsible for any deviation thereof if found later. After admission I agree to Pay Total Fees ..... will not cancel my seat, if cancelled, **I will not demand for refund of my money**. I will deposit total course fee with Hostel accommodation fees as per Institutions rule. I submitted my Advance all years Original P.D.C. Cheque and Original 10th and +2 mark sheets with Board Certificate, & Original College Leaving & Conduct Certificate at the Institute. Which will take along with nursing council registration certificate after completion of my course? I declare that the above particulars furnished by me are true in all respects and as such, I agree to abide by the rules 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 rules. I also agree to withdraw myself from **BIJUPATNAIK MEDICAL TECHNOLOGY, BARIPADA**. Institution and Hostel should the Principal Tutor and Superintendent decide that such withdrawal is necessary in the interest of the Institution. I certify that I have not been prosecuted or convicted for any criminal offence involving moral turpitude.

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

P.T.O.

## **DOCUMENTS REQUIRED FOR SEAT CONFIRMATION -2024-25**

1. Original with Xerox 10<sup>th</sup> (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 colour 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. Migration Certificate.
13. Medical Fitness Certificate.
14. All Above Documents are (4 set Xerox) submission in the time of seat conform.

### **BIJUPATNAIK MEDICAL TECHNOLOGY, RECEIVED FOLLOWING DOCUMENTS:-**

Sl No	Document	Submitted Date	Document Return	Return Date	Signature	Remark
1	Original 10 <sup>th</sup> (HSCE) pass certificate					
2	Original 10 <sup>th</sup> 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 colour Photograph.					
8	Mother, Father & Local Guardian's recent passport size colour photograph.					
9	Xerox Aadhaar card					
10	8pcs PDC Cheque (GNM) 11 pcs PDC Cheque (B.sc)					
11	Original character /conduct certificate					
12	Original College Leaving Certificate /Transfer Certificate					
13	Migration certificate					
14	Agreement 10 rupees stamp paper.					
15	Xerox Medical Fitness Certificate					
16	Group photo with local guardian					

Signature of Students

Signature of Principal