

BIJUPATNAIK ANM NURSING TRAINING SCHOOL, BARIPADA

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

<http://bijuvikashmedicalandnursing.com>, Email:- bijupatnaiknursing2022@gmail.com,

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



FEES STRUCTURE- 2024-25 ANM 2 YEARS COURSES

NAME: -----

C/O: -----

HOW TO PAY THREE INSTALMENT :- (GIVEN IN BELOW TABLE CHART)

NAME OF COURSE	SEAT BOOKING	1ST INSTALLMENT Date.....	2ND INSTALLMENT	3 RD INSTALLMENT	ALL YEARLY FEES CLEAR LAST -1 TO 10
ANM 1 ST YEAR	Rs.- 20,000/-	Rs. - 20,000/- (AFTER 20 DAYS) ADMISSION FEES	Rs.-10,000/- (HOSTEL JOINING)	Rs.-10,000/- (FEB. - 1 TO 10) 2025	Rs.60,000/-
ANM 2 ND YEAR		Rs.-20,000/- (JUNE- 1 TO 10) 2025	Rs.-20,000/- (SEP. - 1 TO 10) 2025	Rs.-10,000/- (FEB.- 1 TO 10) 2026	Rs.50,000/-
Total – Rs.1,10,000/-					

FACILITY :- Above Fees Are Including As Per Institution Guidelines Yearly Course Fees ,Tuition Fees, With (Hostel Fee FREE, Lunch Diner Fees of 10,000/-). Book Fees, 3 Uniform Cloth, Transport, Community Bag And Clinical Practical Training With Community C.H.C. & PHC, Field Practical Training Transporting Fees, Per Year All Fees Including All Fees.

INSTRUCTION-KINDLY GIVE YOUR ATTENTION TO THE FOLLOWING POINTS:-

ADMISSION FEE ONCE PAID WILL BE NON REFOUNDABLE.INSTALMENT FEES ONLY PAY THROUGH THE CHEQUE, DD, RTGS, AND NEFT. NO CASH PAYMENT. IF ANY PROBLEM THEN INFORM TO COLLEGE BEFORE 10 DAYS.LATE INSTALMENT FINE WILL BE ADDED 10 %.

NURSING STUDENTS WITH GUARDIAN UNDERTAKING / DECLARE

I S/O/D/OUndertaking/Declaration obey for Nursing Institution all rules/Regulation with above Fees Structure. I will deposit Total Course Fees for (2 Years) A.N.M Course = Rs. (.....). I Agreed to Abide by the above Institution Course Fees and Hostel Fees Structure Rules & Regulation. I further not any claim in Your Nursing Institution Fees 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 Fees 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 Auxiliary Nurse and Midwife Training Course under Health & F.W. Department.

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SIGNATURE OF CANDIDATE

I also undertake to act on behalf of the parents / Husband of the said student during the period of Study in the A.N.M. above Nursing Training College, for which I have been empowered by the Parent / Guardian / Husband of the said Student. I further undertake to take custody of the above student as and when required by the School authorities and to ensure that she maintains the academic discipline and good conduct during the period of Study in the aforesaid Institution. I will deposit Total Course Fees For (2 Years) A.N.M. Course = Rs. (.....). I Agree to Abide by the above Institution Course Fees and Hospital Fees Structure Rules & Regulation.

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SIGNATURE OF GUARDIAN

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SIGNATURE OF CANDIDATE

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SIGNATURE OF DIRECTOR/PRINCIPAL