



## Swasthya Kalyan Group

Swasthya Kalyan Bhawan  
Near Trimurti Circle  
Narain Singh Road, Jaipur - 04

Tel. : 0141-2573935  
Fax : 0141-2572954  
swasthyajp1@gmail.com  
www.swasthyakalyan.org

## **Online Form Filling Information**

1. The form is to be downloaded on your computer. Fill in the text boxes provided within the file on your computer itself and save the file.
2. Filled form along with your passport sized photo of not more than 2MB size is to be emailed back to us at [admin@swasthyakalyan.org](mailto:admin@swasthyakalyan.org). Please put the name of the college in the subject line of the email.
3. Please note that the forms that you are filling are not a guarantee of admission. The college will contact you in case you meet the required norms and specifications of admissions as per the rules of appropriate authority / concerned council / university / and State Government.
4. The filled form will be checked at the time you furnish your details at the college. If any discrepancies are found, the form may be cancelled and any fee paid may be forfeited.
5. The form fee, as applicable, would be charged at the time of counselling or at the time you are asked to come for admission.
6. In case of any queries, please contact Dr. Swapnil Singhal at 9351534539.



# INSTITUTE OF MEDICAL TECHNOLOGY & NURSING EDUCATION

## Application Form For Admission (Session 20\_\_-20\_\_)

Paste a recent  
passport size  
photograph

Form No. \_\_\_\_\_

Date of form submission \_\_\_\_\_

Click on the course option to choose your course of choice

GNM	B.Sc. (N)	PB B.Sc. (N)	M.Sc. (N)	DMLT	DRT	D.Ophth
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1. Name (In Block Letters) \_\_\_\_\_


2. Father/ Husband's Name \_\_\_\_\_

3. Father/ Husband's Occupation \_\_\_\_\_ Designation \_\_\_\_\_ Mob \_\_\_\_\_

4. Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Mob \_\_\_\_\_

5. Permanent Address \_\_\_\_\_

Tehsil \_\_\_\_\_ Dist. \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

 Residence \_\_\_\_\_ Mobile (Parent) \_\_\_\_\_

6. Local Address \_\_\_\_\_

Tehsil \_\_\_\_\_ Dist. \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

 Residence \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

7. Date of Birth          
D D M M Y Y Y Y

8. Sex (Male/ Female)

9. Marital Status   
(Married/Unmarried)

10. Nationality

11. Category   
(Gen / OBC/ SC/ ST / SBC)

12. Name and Address of XII<sup>th</sup> School Attended

Name of School \_\_\_\_\_

Address \_\_\_\_\_

Principal Name \_\_\_\_\_

Principal's Mob. No. \_\_\_\_\_ School Phone No. \_\_\_\_\_

### 13. Academic Details

Examination	University/Board	Passing Year	Roll no.	Subjects	Marks Obtained	PCBE %
10 <sup>th</sup>						
10+2						
Other						

### 14. Only for Post Basic B.Sc. Nursing students RN No. & Date..... RM No. & Date.....

Examination	University/Board	Passing Year	Roll no.	Marks Obtained	%
GNM					

### 15. Only for M.Sc. (Nursing) RN No. & Date ..... RM No. & Date ..... Experience .....

Examination	University/Board	Passing Year	Roll no.	Marks Obtained	%
PB B.Sc. (N)					
B.Sc. (N)					

### 16. Enclosed Documents: -

- Allotment letter / order from the Govt. of Rajasthan (*if applicable*)
- Original mark sheets of 10<sup>th</sup> & 12<sup>th</sup>
- Original mark sheets of GNM with internship certificate (*only for PB B.Sc. Nursing*)
- Original mark sheets of PB B.Sc / B.Sc. (N) with experience certificate (*only for M.Sc. Nursing*)
- Original Certificate of passing senior secondary (10+2) or equivalent from recognized board
- Original Certificate confirming the date of birth (Secondary School Certificate)
- Character Certificate by Principal of the School / College last attended
- Transfer certificate / school leaving certificate (T.C.) from last school/college
- Caste Certificate (जाति प्रमाण पत्र) (*if applicable*)
- Residence Certificate (मूल निवास प्रमाण पत्र) (*applicable only for students from outside Rajasthan*)
- Migration Certificate (*If Candidate does not belong to Rajasthan Board*)
- Certificate of physical fitness
- Any other certificate of merit (*if applicable*)
- Enclose DD / Cash
- Declaration by candidate & parents
- Guarantee Bond (*On Non-Judicial Stamp Paper*)
- 5 passport sized color photographs not more than three months old
- 2 photocopy of Photo ID (Voter ID / PAN Card / Aadhar Card / Driving License / Passport)
- 3 self addressed envelopes with postage stamp

# Declaration

## 1. Undertaking by the candidate

1. I hereby declare that entries made by me in this form are correct to the best of my knowledge and I have not concealed any information in any manner.
2. I hereby declare that I will intimate immediately about change of address, phone and mobile no. failing which I indemnify college authority from non receipt of information.
3. I shall abide by all the rules and regulations of the Institute including those with regard to program of studies, syllabus, scheme of examination rules and the hostel rules that may be laid down time to time by Indian Nursing Council, New Delhi (**INC**), Rajasthan Nursing Council (**RNC**), Rajasthan University of Health Sciences (**RUHS**), Jaipur and institution during the period of my studies and I will not associate myself with any activity against the discipline of the institution.
4. I fully understand that for any violation or infringement of these rules and regulations, disciplinary action can be taken against me by the authorities, which may include cancellation of candidature / admission.
5. I certify that I am not involved in any illegal activity and criminal case pending against me in any court of law.
6. I understand that if at any stage, it is found that I have provided any wrong information to seek admission, my admission shall stand cancelled automatically and I shall have no claim whatsoever on seat or dues paid to institute.

Date :

Signature of Candidate

Place :

Name \_\_\_\_\_

## 2. Undertaking by Parents / Guardian

I certify that my son /daughter /ward Mr. / Ms ..... (*Student Name*) has submitted this application for ..... (course) of ..... years (duration) with my knowledge and consent and I hold myself responsible for his / her good conduct and his / her maintenance and any payment during the stay at institution. The entries made by him / her in the admission form are correct to the best of my knowledge.

Date: \_\_\_\_\_

Signature of parents/ guardian

Place: \_\_\_\_\_

Name \_\_\_\_\_

**On 20/-Rs. Non Judicial Stamp Paper**

**GUARANTEE BOND**

TO BE EXECUTED BY THE PARENT / GUARDIAN OF THE CANDIDATE

I. I, ..... (*Father/Guardian's Name*) hereby solemnly declare that I have read the rules/ regulations of ..... (*Name of College*) and guarantee that my ward Miss/ Mr./Mrs..... (*Name of Student*) on joining ..... (*Course*) of ..... years (*Duration*) shall abide by the rules and regulations of the college & such amended rules that may be effective from time to time by the college administration.

II. I hereby solemnly guarantee: -

- a. That I will deposit regular Annual fees of my ward latest by 31<sup>st</sup> July every year as prescribed by the College.
- b. That I will deposit additional late fees as prescribed by college in case I fail to deposit fees on time.
- c. That if my ward abandons the course in midstream before completion of full course may be because of whatsoever reason, I shall clear all due fees etc. by making the payment of balance fees for the remaining period. as per decision in writ petition (Civil) No.350 of 1993 Islamic academy of education & others v/s state of Karnataka & other.
- d. That I will deposit Fees for the additional period of studies, also latest by 31<sup>st</sup> July for extended years if my ward will not complete the Degree course in prescribed time period for reasons, what so ever.
- e. That I am depositing the original certificate as desired by the Institution and will take back after completion the course.
- f. That my ward will not engage him/her self in ragging activities.
- g. That I Agree to deposit the fees, if revised as per the laid down norms of State Government and University / RNC / INC.
- h. That I will fulfill minimum of 80% attendance in theory and 100% in clinical in each paper for appearing for examination as per norms of RUHS / RNC / INC.

III. The information submitted by the applicant in the application forms is correct to the best of our knowledge.

(Signature of the student)

Date:.....

(Signature of the father / guardian)

Name.....

Address.....

.....

Tel No. ....

Mob. No. ....