# LAKE VIEW COLLEGE OF NURSING

A UNIT OF NARF FOUNDATION

*Affiliation from JNRC and Ranchi University, Ranchi*

Lame Bargain, Bariatu, Ranchi - 834009 (Jharkhand)
At Present : Jora Talab, Bariatu, Ranchi - 834009 (Jharkhand)
E-mail : lakeviewcollegeofnursingranchi@gmail.comContact No.: 8102883885, 8789520873

## ADMISSION FORM

Affix your recent Passport size Photograph duly signed by the candidate

Do not Pin or Staple

Session :_____

Application No.: GNM ☐ B.B.Sc ☐

(For Office Use Only)

Roll No. ☐☐☐☐☐ Admission No. ☐☐☐☐☐

All fields are mandatory All details should be entered In BLOCK LETTERS.

Name of the Applicant as in the Birth Certificate or Marksheet of Standard Tenth Exam

Father's Name as in the Birth Certificate or Marksheet of Standard Tenth Exam

Mother's Name as in the Birth Certificate or Marksheet of Standard Tenth Exam

Sex : Male ☐ Female ☐ Date of Birth : ☐☐ ☐☐ ☐☐☐☐ Age : ☐

Blood Group : ☐☐☐ Marital Status : Married ☐ Unmarried ☐

Address for Correspondence (do not repeat name)

City : State : Pincode :

STD Code : Phone : Mobile :

E-mail :

Permanent Address (do not repeat name)

City : State : Pincode :

STD Code : Phone : Mobile :

Nationality :

Category : GENERAL ☐ OBC ☐ SC ☐ ST ☐ OTHER

## ACADEMIC QUALIFICATION

| Sl. | Name of Exam Passed | Institution of Study | Board / University | Year of Passing | Subjects | Total Marks | % Score in Your Exam |
|---|---|---|---|---|---|---|---|
| 1. | Matric - 10th | | | | | | |
| 2. | Inter - 12th | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |

## ENCLOSE THE FOLLOWING

**Self Attested Copies**

1. 10 Marksheet & Pass Certificate
2. 12th Marksheet & Pass Certificate
3. School Leaving / Transfer Certificate
4. Birth Certificate
5. Medical Fitness Certificate
6. 10 Passport Size Photographs
7. Caste Certificate (In case ST/SC/OBC/EWS Candidate)
8. Original Migration Certificate
9. Photo copy of Aadhar Card

## DECLARATION BY PARENT / GUARDIAN

I.....hearby declare that the applicant Miss / Mrs. /Mr..... is my daughter / son / ward & that she will abide by the rules & regulations of this institution. I understand that in the event of her violating any one or more of these rules. She will be terminated.

I do undertake the full responsibility to make all financial arrangement in remitting her bills at admission & by the 10th of every month thereafter. Failure to do so you discounting my daughter / word from the classes & cafeteria.

**Signature of the parent / guardian**

**Date :.....**

**Signature of applicant**

**Date :.....**