



APPLICATION FOR ADMISSION TO ASIAN INSTITUTE OF NURSING EDUCATION

(A Unit of INS Trust)

Recognized by Indian Nursing Council

J.B. Complex, R.G. Baruah Road, Ganeshguri, Guwahati-781006,

Assam, India. Phone : 82540-36679

www.aine.org.in

Please paste a
passport size photo
graph here. Do not
staple. Photo should
not exceed the
borders.

Form No:

Course applied for : B.Sc. Nursing

Student should sign strictly inside this box

Kindly read important notes before filling-in form :

1. Use black ink to fill in the form and **Do Not** overwrite. 2. Fill in all fields in **CAPITAL** letters only. 3. Strike off whichever is **NOT** applicable

1. Personal Information Section

Last Name

First Name

Middle Name

Name of the Student :

(In case of change name,
write correct name)

Father's Name

Mother's Name

Husband's Name

Name of the student as printed
on Std. X Passing Certificate

Date of Birth (DD/MM/YYYY) : / /

Place of Birth :

Blood Group (With Rh) :

Religion :

Cast :

Citizen of (Country Name) :

Student's location Category : Rural/Urban/Tribal

Address for correspondence/ Permanent Address

State :

District:

Tehsil :

City/Town/Village :

Address

(House No, Street/area/suburb etc.)

PIN Code :

Contact Details

Mobile Number :

Email ID :

2. Guardian Information Section

Occupation of the Guardian :

Service/Business/Profession/Farmer/Laborer/Retired

Relationship with Guardian with applicant :

Annual Income of the Guardian (Rs.):
(Last Financial Year)

Phone No :

3. Educational Details Section

Name of Board/University & School/College	Subjects Studied	Date of Passing (DD/MM/YYYY)	Examination Roll No. (Last)	Degree/ Passing Certificate No	Grade/Total marks Obtained	Out of

4. Attached Documents and Certificates Section

Sl. No.	Name of Document/Certificate
1.	Passing Certificate of HSLC and HS.
2.	HSLC and HS Mark sheet.
3.	Leaving Certificate
4.	Certificate of Cast with Category (<i>if applicable</i>)
5.	Good Conduct Certificate from Principal of School/College last attended
6.	Migration Certificate from Council/Board.
7.	Transfer Certificate.
8.	Five copies pass port size photographs.
9.	Medical Fitness Certificate (Original).

5. Extracurricular activity:

6. Hobbies :

7. Health status : Height : Weight :

8. Awards National/International:

9. Hostel accommodation required: Yes/No

10. Write in brief why do you want to join B. Sc. Nursing course:

I hereby declare that all the information furnished above is true & correct. If any information is found to be false at any time, I may be debarred from joining/studying the course.

Date:

Signature of the Candidate

I hereby declare that I undertake the legal & other full responsibility for Ms.
Place..... Relationship..... Full Name
Contact No(s).....

Date:

Signature of Legal Guardian

- N.B.**
i. 3 sets of each documents need to submit with the form.
ii. On admission Original Transfer and Migration Certificate need to submit.

FOR OFFICE USE ONLY

Application No Name
Allowed/Not allowed to seat for entrance test..... Roll. No.....
Selected/Not selected for admission Date of Admission.....
Date.....