



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.

Form No:

Course applied for : Nurse Practitioner in
Critical Care.

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

	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
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) : / /	Voter id/PAN No./Driving License No./Aadhar Card No.		
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 :		Annual Income of the Guardian (Rs.): (Last Financial Year)	
Service/Business/Profession/Farmer/Laborer/Retired			

Relationship with Guardian with applicant :	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 With %	Out of

4. Attached Documents and Certificates Section

Sl. No.	Name of Document/Certificate
1.	Passing Certificate of Std. X, XII and Last Qualifying Exam
2.	HSLC, HS & Last Qualifying Exam Mark sheet.
3.	Experience Certificate
4.	Certificate of Cast with Category (<i>if applicable</i>)
5.	No Objection Certificate
6.	Migration Certificate from Council/Board.
7.	Transfer Certificate.
8.	Two copies pass port size photographs.
9.	Medical Fitness Certificate (Original).

5. Achievements:

6. Hobbies :

7. Health status : Weight : Height : Past history of illness :

8. Hostel accommodation required: Yes/No

9. Write in brief why do you want to join Nurse Practitioner in Critical Care Course:

10. Professional experience (No of years. / months)

a) Clinical :

b) Teaching :

11. Membership (Please specify):

R.N & R.M :

12. **References**

Present employer - Name :

Address:

Principal of the professional college where studied

Name :

Address :

14. How will you finance your education?

I hereby declare that all the information furnished above is true and 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 and other full responsibility for Ms.

Place..... Relationship..... Full Name

Contact No(s).....

Date:

Signature of Legal Guardian

FOR OFFICE USE ONLY

Application NoName

Allowed/Not allowed to seat for entrance test..... Roll. No.....

Selected/Not selected for admission Date of Admission.....

Date.....