

JANAKALYAN SCHOOL OF NURSING

At-Ramchandrapur, Po-Gulnagar, Dist-Kendrapara, Odisha, Pin-754211

Mob.:9439437737, Email: jkson2013@gmail.com, Website: www.jksodisha.com

- Recognized by: Govt. of Odisha & Approved by Indian Nursing Council, New Delhi -

- Affiliated to: Odisha Nurses & Midwives Examination Board, Bhubaneswar -

Application Form for Admission In Auxiliary Nurse Midwifery [ANM] Course

FOR OFFICE USE ONLY

COURSE: ANM SESSION: INTIMATION NO:

DATE: DATE OF ADMISSION:.....

Affix a recent
Passport size color
Photograph

To be filled in by Applicant's own handwriting.

1. Name of the Applicant :
2. Date of Birth as Per HSC Certificate : Day Month Year
3. Gender : **Female**
4. Full Name of Father /Husband :
5. Occupation :
6. Full Name of Mother :
7. Cast Category(Please Mark Tick) : General SC ST
8. Mother Tongue :
9. Blood Group :
10. Marital Status :
11. Age on Date of Application :
12. Aadhaar / PAN No :
13. Email ID :
14. Mobile Number :
15. Nationality :
16. Religion :

17. Permanent Home Address

18. Present Address

19. Guardian's Name and Address (If father is not alive)

Name :..... Relationship with Candidate :.....

Address:.....

20. Academic Details of the Applicant

Educational Qualification	Name of the Board/University	Name of the last Institution Attended	Marks Obtained	Division with % of Marks	Year of Passing
HSC					
+2					

DECLARATION BY THE CANDIDATE

I _____ an applicant for admission into the **ANM** course of Janakalyan School of Nursing for the session _____ do hereby declare that no extra fee is collected / demanded by the Institute towards donation / capitation etc.

Date: ___/___/_____

Full Signature of the Applicant

UNDERTAKING

I do hereby declare that the above particulars furnished by me are true in all respects and as such, I undertake that if subsequently, I will be found to have given wrong information with regard to marks, certificates and documents produced by me in connection with my admission then my name will be immediately removed from the School / Hostel in addition to whatever legal action that be taken against me. I agree to abide by the rules and regulations of the School / Hostel and pay all fees and deposit all other dues as laid down by the School / Hostel rules or may become due under these rules and also agree to withdraw myself from School / Hostel if deemed proper by the Secretary / Principal that such withdrawal in necessary in the interest of the Institution. I do hereby undertake to abide by all the rules and regulation of the School / Hostel and other rules and conditions that may be framed by the Sponsoring Society / School time to time during the course of training. I also hereby undertake to maintain discipline. If violate the rules and regulations laid down by the School / Hostel, or any authority empowered in this regard, or if my conduct in the School / Hostel is found unsatisfactory my name will be removed from the School / Hostel if deemed proper by the Authority.

I do hereby declare that I will not indulge myself in **Ragging** and/or any type of destructive and extremely hatred practices that will create unhealthy atmosphere in the School/Hostel/Hospital during clinical practice. If it is proved that I am partially of fully involved/responsible for the rough activity, I will be liable for the disciplinary action taken against me by the authority.

I certify that I do not suffer from mental disease.

I certify that I have not prosecuted or convicted for any criminal involving morale turpitude.

Full signature of the applicant

Full signature of Parent/Guardian with Date

UNDERTAKING BY LOCAL GUARDIAN

IMs/Smt _____ Address _____

_____ Local guardian of
Miss/Smt. _____ during her period of study in the
Janakalyan School of Nursing, Kendrapra shall act as local guardian on behalf of the parents / husband of
the said student. I further undertake to take custody of the above student if and when required by the
School authorities and to ensure that she maintains the academic discipline and good conduct during the
period of the study in the aforesaid School.

Date

Signature of the Local Guardian

ATTESTATION BY PARENT / HUSBAND / GUARDIAN

The above undertaking has been signed in my presence. I empower Sri/Smt. _____
_____ to act as Local guardian of my daughter/wife Miss/Smt.
_____ during the period of her studentship in the Janakalyan School of
Nursing, Kendrapara.

Full signature of the applicant

Place : _____

Date: _____

Full Signature of Parent/Husband/Guardian

Place _____

Date _____

UNDERTAKING BY APPLICANT / PARENT / HUSBAND / GUARDIAN

The above undertaking has been signed in our presence. That if I Miss/Smt. _____
_____ when want to leave the said Course (A.N.M) at any Mid Term of the
Duration, I shall pay all fees and all other dues as laid down by the Institution without Any Juridical
Objection.

Full signature of the applicant

Place : _____

Date: _____

Full Signature of Parent/Husband/Guardian

Place _____

Date _____

DOCUMENTS TO BE ENCLOSED WITH THE APPLICATION FORM:

- Xerox copy of HSC and +2 Pass Certificate & Mark Sheets.
- Original College leaving certificate (Non Returnable)
- Fees in shape of demand draft/ cash (Non Returnable)
- Color passport size photographs (6 nos.) (Non Returnable)
- Income , Caste & Resident Certificate (Non Returnable)
- Xerox Copy of Aadhar Card.