



SABARI

COLLEGE OF NURSING

(Affiliated to Pondicherry University)

Managed by **G. ARULAMBIGAI EDUCATIONAL TRUST**

No. 16, ECR - Cuddalore Main Road, Kirumambakkam, Puducherry-607 402.
Phone : 0413 - 2615699 / 2615788

APPLICATION FOR ADMISSION



APPLICATION NO. :

INSTRUCTION TO CANDIDATES

- Candidates are advised to kindly read the prospectus thoroughly before filling in the form.
- Tick where applicable. Ignore where not applicable.
- Application not complete in all respects would be summarily rejected.
- Duly filled in applications to be sent to the college / office by Registered Post or handed over in Person.
- All communications to be sent to the Administrative Office quoting the Registration Number.
- This application form is valid only for the candidates as registered under the above admission number.
- Registration of the candidate does not mean automatically guarantee for admission under the above number.
- Last Date of Registration.....

PROGRAM : B.Sc., Nursing (Basic) - 4 Years

Family Information

Family member	Name	Age	Qualification	University	Occupation/organization	Designation
Father						
Mother						
Spouse						
Brother/ Sister						
Additional information (any other you would like to share)including sports activities						

JOINT DECLARATION BY THE APPLICANT & PARENT

The information furnished above is true and correct to the best of our knowledge. The originals will be produced at time of admission or on demand. In case any information given above is found incorrect, we agree to forego any claim to admission. If found to be false of a later date on verification, my son/ daughter / ward will forfeit the admission/ seat no matter at what stage of the courses/ class, my son / daughter / ward may be at that point of time and any amount paid by us would stand forfeited. Also we agree to the terms and conditions for admission mentioned below.

TERMS AND CONDITIONS FOR ADMISSION

1. Non-Refund of fees. All Fees once paid are not refundable for any reason whatsoever. Only security Deposit will be refundable after making necessary adjustments as required.
2. Cancellation of Admission **Sabri College of Nursing** reserves its right to cancel the admission of successful candidate under any making necessary adjustments are required.
 - a) If the fees is not deposited by the stipulated date.
 - b) If the candidate does not join the particular program by the stipulated date even though the Fee has been deposited.
 - c) If the candidate fails to furnish the proof of the stipulated minimum qualifications
3. Right of Alternation / Modification :
 - a) Management reserve its right to alter or modify the structure of any of the programs to attain the objectives of excellence.
 - b) reserves its right to change the provided Fees Structure.
 - c) reserves its right to modify, alter and/of include any other Terms and Conditions that may be deemed fit in the Interest of the Institution.

Place :

Signature of the Applicant

Date :

Signature of the Parent / Guardian

UNDERTAKING BY THE PARENT / GUARDIAN

I.....Father/ Mother / Guardian of.....
studying in the.....year in.....do-realize that I am primarily responsible for my son's /
daughter'/s ward's good conduct and behavior. I Vouch and stand guarantee for the same during his / her period of study. I am aware
and fully agree that in the event of my son/daughter/ ward being found guilty of violation of any of the rules and regulations or of
misconduct, he/she will be liable to any disciplinary action that the college may deem fit and will abide any decision taken by the
management.

Place :

Date :

Signature of the Parent / Guardian

DECLARATION BY THE STUDENT

I.....studying in
Undertake to uphold the highest traditions of discipline and decorum of the institution. I hereby assure that I will never indulge in any
unlawful activities or instigate or associates with anyone in any undesirable activity, and in the event I do, I agree to submit to any
disciplinary action that the management may take against me.

Place :

Date :

Signature of the Candidate

OFFICE USE ONLY

Important Particulars

1. Name.....
2. Date of Birth :Age as on 01.07.2020
3. Qualifying Examination
4. Community : (OC/BC/MBC/SC/ST/DNC).....
5. Application Form Complete : Yes No
6. Reasons for rejection

Particulars Verified by : Name.....Signature.....

Originals Verified by : Name.....Signature.....

Countersigned by : Name.....Signature.....

CERTIFICATES TO BE SUBMITTED ALONG WITH THE APPLICATION FORM DULY FILLED

- | | |
|-----------------------------------|--|
| 1. Class X Mark Sheet | 2. Class XII Mark Sheet / Degree Certificate |
| 3. T.C. (Transfer Certificate) | 4. Conduct certificate |
| 5. Community Certificate | 6. Medical fitness certificate |
| 7. Passport size photograph 5 nos | |
| 9. Allotment order | |

All the above certificates to be submitted in originals along with 3 sets of photocopy duly attested.