

## AMRITA COLLEGE OF NURSING

PERSONAL DATA

Paste one recent passport size face close up colour photo

## M.Sc. Nursing - 2021 Specialty \_\_\_\_\_

specially	 	 	 	 	 	· — —	 _	
*Roll Number:								
*MRD Number:								
AADHAR Number :								

\*Roll Number & MRD Number - Office purpose only

## FILL IN BLOCK LETTERS

## All the columns should be properly filled in. Nothing should be left blank

Name of the stud	dent										
Expansion of Init	ials										
Male / Female				Blood grou	Blood group						
Mother tongue				Nationality							
Date of Birth (DD/MM/YY)			Place of birth								
Religion			Caste					T/OBC/ eral			
Language in whi	ch you need M	athruva	ni (Magazin	ne)							
Permanent address (with State and Pin code)			Address for Communication (with State and Pin code)					Address in which Mathruvani* has to be sent (with State and Pin code)			
Residential landline Phone No (with STD Code)						Father's /Mother's Mobile No					
Father's /Mother's Email ID								issport No			
	Aggregate			-		Percento	ige				
Marks in	Physics				ology ut of 100	Englisl			Perce	Percentage	
HSE/Senior Secondary/ Equivalent	Out of 100	C	Out of 100			out of 100	•	РСВ		English	
or Grade											

\*AMMA's spiritual magazine

	Father	Mother	Local	
			Gaurdian	Affix a photo of
Name				Father
Occupation				7
Annual Income			NA	
Name and address of the organiza- tion Where working				Affix a pho- to of Moth- er
Telephone				7
No.(Off)(With STD.Code)				Affix a
Telephone				photo of
No.(Res)(With				local guardian
STD Code)				
Mobile No.				1
Fax No				1
Email Id				1

Joint Declaration by the Parent & Student

1. We accept all the terms and conditions applicable for admission to Amrita Vishwa Vidyapeetham and as detailed in the booklet, Rules and Regulations applicable for ad

- 2. If any of the information furnished in this document by me or my Ward is found to be incorrect, admission is liable to be Cancelled.
- 3. Fees (including tuition, hostel, mess and other fees) now being paid by us are as per the current rate and the College has right to revise the fees at any time during the course period. If any such revision takes place and demand is made by the Principal for payment of the revised fee, the same shall be paid by us within the time limit specified by the Principal.
- 4. I\_\_\_\_\_\_\_the parent and \_\_\_\_\_\_(Student) hereby agree and Undertake to do the Compulsory Rotating Residential internship in Amrita Institute of Medical Sciences itself.
- 5. We understand that staying in the Hostel is compulsory. Under no circumstances permission will be Sought to live outside during the duration of the course.
- 6. We note that this Institution is an extension of Mata Amritanandamayi Math". Rules regulations and the requirements of discipline as envisaged by the Math will have to be strictly adhered to. If the Principal found that the student has committed a breach of any of these requirements, he may at his discretion take appropriate action including rustication.
- 7. We have read the relevant instructions/regulations against ragging, as well as punishments, as stipulated in the 'Rules and Regulations, and that found to have involved or indulged in any act of ragging actively or passively the Principal, Amrita School of Medicine / entistry has the right to proceed against us and the decision of the Principal will be final and binding on us.
- 8. We agree that we will be responsible for any/all actions of the local guardian in relation to the student.

Signature of Student:	Signature of Father / Mother :						
Date: 2021	Date: 2021						

I agree to be the local guardian of the student Kum./Shri.-----

Signature of Local Guardian : Date : \_ \_ \_ 2021