



**MAA SARADA
NURSING
SCHOOL**
MALANDIGHI, DURGAPUR

PROFORMA FOR RESIDENTIAL CERTIFICATE

(APPLICABLE TO THE CANDIDATE OF ALL CATEGORIES)

FILL UP THIS PART

I HEREBY CERTIFY THAT I PERSONALLY KNOW _____

SHE IS A CITIZEN OF INDIA AND HAS BEEN RESIDING AT VILLAGE/HOUSE NO. _____

POST OFFICE _____ POLICE STATION _____

IN THE DISTRICT OF _____ IN WEST BENGAL FOR AT LEAST FIVE YEARS

TILL DATE/PERMANENTLY.

NAME OF THE COMPETENT AUTHORITY

SIGNATURE OF THE COMPETENT AUTHORITY
WITH OFFICIAL SEAL AND DATE

** This evidence should be issued only by a Sabhadipati of Local Zila Parishad/ Sabha pati of local Panchayet Samity/ Prodhan of local Gram Panchayet/ Gram-Panchayet/ Mayor or Councilor of local Municipal Corporation/ Chairman of local Municipality/ Ward Councilor of local Municipality/ Local M.P./ Local M.L.A. mentioning that the Candidate has been residing there permanently or for the period of last five years till date. This document need to be submit in original at the time of admission.

15. ACADEMIC QUALIFICATION (H. S. EXAM ONWARDS):

A	B	C	D	E	F	G
NAME AND ADDRESS OF THE SCHOOL	NAME OF THE BOARD/ COUNCIL	ROLL NO. (AS MENTIONED IN THE ADMISSION CARD)	YEAR OF PASSING	TOTAL MARKS (AGGREGATE EXCEPT ENVIRONMENTAL EDUCATION)	TOTAL MARKS OBTAINED IN LANGUAGES (OUT OF WHICH ENGLISH MUST BE ONE) + 3 ELECTIVE SUBJECTS (BEST THREE EXCEPT ENVIRONMENTAL EDUCATION)	PERCENTAGE OF MARKS AS IN COLUMN (F) SUBJECTS

16. LANGUAGE PROFICIENCY: (PLEASE TICK IN THE APPROPRIATE BLOCK)

	READ	WRITE	SPEAK
ENGLISH			
BENGALI			
HINDI			

17. RESIDENTIAL CERTIFICATE: AS PER FORMAT GIVEN IN THE NEXT PAGE.

18. BLOOD GROUP AND RH FACTOR: (ORIGINAL REPORT ATTACHED IN SPECIFIC SHEET)

19. MEDICAL HISTORY _____

SIGNIFICANT PAST HISTORY : YES/NO IF YES - WRITE IN DETAILS (SEPARATE SHEET MAY BE ATTACHED)

SIGNIFICANT PRESENT HISTORY : YES/NO IF YES - WRITE IN DETAILS (SEPARATE SHEET MAY BE ATTACHED)

NEEDS DURING ADMISSION

COMPLETE HAEMOGRAM /E.C.G., URINE R/E/, STOOL R/E, BLOOD GROUP & RH VACCINATION RECORD ?

(*DECLARATION BY APPLICANT : I HEREBY DECLARE THAT THE ABOVE MENTIONED PARTICULARS FURNISHED BY ME ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM ABLE TO READ, WRITE, AND SPEAK IN BENGALI/ENGLISH)

SIGNATURE OF PARENT/GUARDIAN

ADMISSION ACCEPTED

SIGNATURE OF APPLICANT

20. DOCUMENTS SUBMIT

<input type="checkbox"/> Age Proof: Madhyamik/Secondary Admit Card	<input type="checkbox"/> Recent unattested passport size coloured photograph (4 copies) in an envelope
<input type="checkbox"/> Mark Sheet of 10+2	<input type="checkbox"/> Residential Certificate (original copy)
<input type="checkbox"/> Caste Certificate of candidate herself (In case of SC/ST/OBC)	<input type="checkbox"/> Payment Voucher



**MAA SARADA
NURSING
SCHOOL**
DURGAPUR MALANDIGHI, DURGAPUR

DECLARATION

(To be signed and submitted along with the Application Form)

I, Miss. / Mrs. / Smt. _____

D/o / W/o Mr. _____ and

Mrs _____

Resident of _____

& parent/guardian of the applicant named there in have applied for admission in Maa Sarada Nursing School for pursuing three years General Nursing and Midwifery(GNM) course.

We the above named persons do hereby solemnly undertake affirm and declare:

1. That, if the applicant is admitted, we shall abide by the rules and regulations of Maa Sarada Nursing School, Durgapur given in the prospectus by the authorities thereafter.
2. That, we will be responsible for the timely payment of all the dues and other charges payable to Maa Sarada Nursing School, Durgapur during the period of applicant's studies.
3. That, we understand by the rule that the fees once paid shall not be refundable and any circumstances.
4. That we agree to abide by the discipline of the institution, the applicant avails herself of all the opportunities of academic instructions and will appear in all the tests/examinations of the institute and Council whenever required to do so by the authorities / Council.
5. I hereby also declare that all the documents including vaccination, medical report and other relevant treatment are original and correct to the best of my knowledge. That if any declaration and documents are found to be false at any time during my course I shall be disqualified to continue the course further.
6. That, in case of any breakage of equipment, materials either in the Hospital, Hostel, and demonstration Room or in the Laboratories etc. by the student liabilities lies with the offender.
7. That, if the applicant directly or indirectly takes part in any movement to create any kind of disturbance during the training period in the institutions or to hold or address a meeting in the institution without the permission of the Principal or if she participates in any other activity which is detrimental to the interest of the institution in any way, then we shall agree that the applicant's name may be removed from the Roll of the institute or that she may be fined, expelled or rusticated from the institute as decided by the authorities. We also agree that the decision of the authorities in such matter shall be final and binding.

8. That, the student shall be rusticated from the institution if found involved in any kind of act of ragging anywhere.
9. That, the student may have to face strict disciplinary action if found involved in any kind of misconduct during course.
10. That, we agree that fees once paid are not refundable, even if the student discontinues pursuing the said course/training from Maa Sarada Nursing School, Durgapur.
11. That, we declare that we have not paid any donation or any other fund for seeking admission to the Institute except the amount mentioned in the receipts.
12. That, during the entire course of training period the management is empowered to increase/change the fees/funds at any time and these changes will be binding on us.
13. That, we, the undersigned, has read the above declaration carefully and fully agrees to abide by the same.
14. I, have read and understood the rules and regulations for admission and I assure to abide by the rules and regulations of the hostel.

SIGNATURE OF CANDIDATE

SIGNATURE OF GUARDIAN

SIGNATURE OF FATHER

SIGNATURE OF MOTHER