



FI INSTITUTE OF
PARAMEDICAL SCIENCES



FI COLLEGE
OF NURSING

ADMISSION FORM

Recent Passport
Size Photograph

NOTE: PLEASE FILL THE
APPLICATION IN CAPITAL LETTERS

BSC. - N ☐ PB-BSC. - N ☐ GNM ☐ ANM ☐
DIP. IN OT TECH ☐ DIP. IN OPTOMETRY ☐ DIP. IN CARDIO. TECH. ☐

NAME (MR/MS/MRS)

AADHAR NUMBER

FATHER'S NAME

MOTHER'S NAME

RELIGION CATEGORY

DATE OF BIRTH SEX STATUS

IF MARRIED, HUSBAND'S NAME

FATHER'S MOBILE NUMBER

HUSBAND'S MOBILE NUMBER

EMAIL ID

HOSTEL REQUIRED ☐ STUDENT MOBILE NO.

RESIDING WITH
FAMILY ☐ LOCAL GUARDIAN ☐ FI HOSTEL ☐ OTHER HOSTEL ☐ FRIEND ☐

RELATIVE/ FRIEND/ LOCAL GUARDIAN/ HOSTEL NAME

PRESENT ADDRESS

PERMANENT ADDRESS

EDUCATIONAL QUALIFICATIONS

	BOARD/UNI	YEAR	DIV.	TOTAL%	%PCBE
HIGH SCHOOL					
INTERMEDIATE					

DO YOU SUFFER FROM ANY DIESEASE? ☐

IF YES, PLEASE SPECIFY

PLEASE ENCLOSE THE FOLLOWING (ORIGINAL + 1 XEROX COPY)

HIGH SCHOOL MARKSHEET + CERTIFICATE ☐

INTERMEDIATE MARKSHEET + CERTIFICATE ☐

MIGRATION/TC ☐

SELF ADDRESSED ENVELOPE WITH STAMP - 6 ☐

DECLARATION BY STUDENT AND PARENT

If admitted, I promise to abide by the Rules and Regulations of the Institute and maintain the decorum, decency and discipline throughout my stay at all times both inside and outside the college/hostel.

I shall pay the prescribed fees and understand that fees or advance amount once paid by me is not refundable under any circumstances.

I understand that the final allotment of the course vests entirely with the management.

I shall attend all the Lectures, Practical Classes and Tests regularly and will complete all assignments in the time as expected and demanded from me by the authorities. If I am short of attendance as per the university/board rules, I fully understand that I will not be allowed for annual examination.

I declare that I am physically fit to undergo and complete the course and understand that any temporary illness is no excuse for not fulfilling norms of class attendance, practical and various other assignments etc. of the course. I will not be absent from any of the activities of the course without bonafide cause at any time during the entire period of my studies.

I fully understand that in the event of any incident warranting my explanation the decision of the management is final and totally binding on me.

I will not be involved in any type of teasing/ragging of the students, if found I shall be liable to punish and I shall abide the decision taken by the Administrative Committee of the College.

All the information mentioned in this application are true and the best of my knowledge and understand fully that I am liable to be punished if they are found untrue and incorrect and my admission will summarily be rejected leading to my removal from the college later at any time and also forfeiture of all fee/deposit/fund paid by me.

I will not take part in any type of strike and will always discuss with the Principal/ Director or Administrative authority of the Institute.

I UNDERSTAND THAT MY ADMISSION IS ONLY PROVISIONAL PENDING FINAL APPROVAL BY THE UNIVERSITY/ STATE MEDICAL FACULTY & NURSING COUNCIL. I SHALL PRODUCE ALL THE NECESSARY CERTIFICATE AS REQUIRED BY THE UNIVERSITY/COUNCIL WELL IN TIME FOR EARLY CONFIRMATION OF MY ADMISSION.

VERY IMPORTANT:

Student should always remember the Exam Fee Submission Dates as given below and it is advised to visit Notice Board regularly for updates. The College will not inform individually.

For Annual Examination (August/Sept.) - Feb 15th of every year (with late fine - Feb 28th)

For Supp./Back Paper Exams (Feb/March) - Oct 15th of every year (with late fine - Oct 30th)

SIGNATURE OF STUDENT

SIGNATURE OF GUARDIAN

FOR OFFICE USE ONLY

CHECKED BY

VERIFIED BY

APPROVED BY