



RENSUM INSTITUTE OF NURSING (RION)

(Under Rensum Charitable Trust)

City Office: Saradhabali, Berhampur – 760010

Recognised by: Odisha Nurses & Midwives Registration Council, Odisha

Cell: +91-9776677775, 9437888778

Email: president.rensun@gmail.com

FOR OFFICIAL USE

OFFICIAL REGISTRATION NUMBER : _____

SESSION : _____

COURSE APPLIED FOR : _____

Photo

1. MR./MRS./MISS/OTHERS: _____

2. NAME OF THE CANDIDAT: _____

3. FATHER'S NAME: _____

4. MOTHER'S NAME: _____

5. GENDER: MALE FEMALE

6. CASTE: SC ST OBC GENERAL

7. DATE OF BIRTH: _____

8. RELIGION: _____

9. NATIONALITY: _____

10. MOBILE NUMBER: _____ WHATSAPP: _____

11. EMAIL ID: _____

12. PERMANENT ADDRESS: _____

PINCODE: _____

13. PRESENT ADDRESS: _____

PINCODE: _____

14. EMERGENCY CONTACT DETAILS: _____ RELATIONSHIP: _____

15. EDUCATIONAL QUALIFICATIONS:

INSTITUTE NAME	EXAMINATION	BOARD/ COUNCIL	YEAR OF PASSING	MARKS SECURED (%)

16. REFERENCE: _____

DECLARATION

Undertaking and pledge by the candidate

- a. *I certify that, the information provided by me is true to the best of my knowledge and belief.*
- b. *I agree to observe & abide by all the rules and regulations of the institutions including those with regard to programme of studies, syllabus, examination rules and the hostel rules that may be laid from time to time by the institution during my period of studies and I will not associate myself with any activity prejudicial to the discipline of institution.*
- c. *I fully understand that for any violation or infriedgement of these rules and regulations, disciplinary action can be taken against me by the authorities which may include cancellation of the candidature.*
- d. *I certify that I am not involved in any criminal activity and no criminal case is pending against me in any court of law.*
- e. *I understand that in any stage, if I wish to withdraw my application for admission, or if found I have provided any wrong information for admission, my admission shall stand cancelled automatically and I shall have no claim whatsoever on the seat or the dues paid to the institution.*
- f. *I certify that I have not passed the qualifying examination from more than one Board/ University/ Any other examination body.*

LEFT HAND THUMB IMPRESSION

Full Signature of the Applicant

DECLARATION BY THE PARENT / GUARDIAN

I agree to meet the expenses as may enhanced from time to time of my Son / Daughter / Shri / Kumari for the entire courses if he / she is admitted. I undertake to see that my ward abides rules by the rules and regulations of the College and Hostel attached to it. Together with the undertaking given by him / her (Declaration of the applicant).

I undertake to withdraw him / her from the college and /or hostel should the college authority decide that such withdrawal is necessary in the interest of the college. I further undertake to inform change of my address from time to time and report to the college if summoned. I also declare that the information furnished by my ward are correct, should it be found that any information furnished by my ward is untrue material particulars, i shall be liable to criminal prosecution and my word forego admission granted to him / her.

Place : _____

Date : _____

Full Signature of the Parent/ Guardian