NISWASS College of Nursing

(NATIONAL INSTITUTE OF SOCIAL WORK AND SOCIAL SCIENCES)
3 CHANDRASEKHARPUR, BHUBANESWAR - 751023, ODISHA, INDIA

Website: www.niswass.ac.in, E-mail : niswassbbsr@gmail.com,Tel :+91- 6742300135

REGISTRATION FORM FOR ADMISSION TO THE GENERAL NURSING & MIDWIFERY (GNM) 3YEARS COURS 2026-29

Affix Passport Size colour photograph (Latest of Three Months)

Please note :

All the entries must be filled block letters, by the candidate in her / his own handwriting.
Form with incomplete or false information, wrong or inadequate enclosures, or received late, will be rejected without giving any reason to the applicant or her/his relatives.
Completed form must reach this institution on or the before due date.
Affix recent passport size photograph. Candidate must give declaration that she/he has read & understood the rules and would abide by them.

1. Name in full (in block letter) : _____
2. Name and present address father / husband / guardian : _____
3. Mother's Name : _____
4. Present & Permanent Address : _____
5. Parents TelephoneNo. / Mob No: : _____
6. Date Of Birth with age, place district & state : ____/____/____ Age in Year_____ Place_____District _____State_____
7. Occupation of father / husband /guardian. : _____
8. Nationality : _____Religion _____
9. Caste/ sub-caste : _____Category_____
10. Sex : Male/Female_____
11. Academic Qualification : _____

S.No	Standard	Name of Board/University	Medium of Instruction	Subject	Year of passing	Attempts	% of Marks
1	Xth (SSC/SSLC)						
2	XIIth (HSSC) 10+2						
3	Any other Qualification						

14. Language known: Odia/Hindi/English

I/we hereby certify that the information mentioned above is true to my belief and knowledge.
I agree that any false information is liable to cancel my candidates for admission.

(Signature of Parents)
Father / Husband / Guardian

(Signature of Student)

Date **:**

Place **:**

DECLARATION

I hereby declare that I have read the rules of admission. After understanding these rules, I have filled the forms.

I hereby agree, if admitted to GNM course to conform to

a. The rules and regulation to made for the Governance to the NISWASS College of Nursing**,** Chandrasekharpur**,** Bhubaneswar.
b. Any rules acts and laws enforced by the trust in the interest of nation or institute. I hereby understand that as long , as I am student of the NISWASS College of Nursing , I will do nothing either inside or outside of the training college, hospital which may result in disciplinary action against me under the rules prevailing, or that may be made hereafter or under the acts and laws referred to the said rules.
c. I fully understand that the head of trust / institution where I am studying will have full liberty to expel me from the NISWASS College of Nursing for any infringement of above undertaking.

(Signature of parents)
Father / husband / guardian
Date :

(Signature of Student)

Place :

Enclosing the following Xerox Documents with application.

1. College Leaving Certificate
2. 10th Mark Sheet
3. 10th Board Certificate
4. 12th Mark Sheet
5. 12th Board Certificate
6. Caste Certificate
7. Medical Fitness Certificate
8. Aadhaar card
9. Domicile Certificate
10. Birth Certificate
11. Migration Certificate
12. 4 Passport size photos (Latest)
13. Application fee receipt of Rs 500/-

Send duly filled Application form to NISWASS College of Nursing, Chandrasekharpur, Bhubaneswar, working hours from 10:AM. To 05: PM.