

Ambala College of Engineering & Applied Research (ACE) Devsthali, Ambala - Jagadhari Highway, P.O. SAMBHALKHA- 133101 (Ambala) Approved by Haryana Govt. and All India Council for Technical Education (AICTE) Affiliated to Kurukshetra University, Kurukshetra Ph. 09996815503, 09896266033 Website: www.ambalacollege.com, Email: info@ambalacollege.com

### APPLICATION FORM FOR B.Sc. NURSING ADMISSION SESSION 20 - 20

1.	NAME IN FULL	]																					
	AADHAR No.																						
2.	EMAIL ID	]																					
3.	ADDRESS:																						
4.	MOBILE NO	]														]							
5.	DATE OF BIRTH	]																					
6.	GENDER	]	MA	٩LE	2		FE	EM	ALF	Ð													
7.	NATIONALITY																						
8.	BLOOD GROUP																						
9. [	CATEGORY		GE	N/ \$	SC/	ST/	BC-	-A/	BC	-B/	OB	С											
10.	FATHER'S NAME																						
a).	OCCUPATION																						
b).	DESIGNATION																						
	OFFICE /BUSINESS AD	DR	ESS:																				
	MOB										ANI	)											
11	MOTHER'S NAME	1			<u> </u>		<u> </u>			LI	NE												
11.																		 r					
a).	OCCUPATION																						
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c).	OFFICE ADDRESS																						
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12.	STATE OF DOMICILE																						
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13. (	Guardian's Name & Add	ress	(Lo	cal	if a	ny)		_		F	lela	tior	nshi	р	T					 			
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LAND LINE

MOB

#### 10+2 (Non-Medical/Medical/Arts/Commerce):

Aggregate Percentage in 10+2        6. Percentage in 10 <sup>th</sup> or equivalent exam:        7. Ever disqualified from exam/studies      (YES/NO)        8. Annual income of father/guardian      19. Area you belong to      RURAL/UR        0. Hostel Facility required      YES/NO      21. Bus facility      YES/NO        °Bus facility required, tick your Boarding Station      mbala Cantt      Shahabad Markanda	BOARD	YEAR	ROLI	- NO.	SCHOOL		CITY		STA	ATE/ UT
8. Annual income of father/guardian      19. Area you belong to      RURAL/UR        0. Hostel Facility required      YES/NO      21. Bus facility      YES/NO        F Bus facility required, tick your Boarding Station      YES/NO      YES/NO      YES/NO        Imbala City      Ambala Cantt      Shahabad Markanda	Sub:	Sub:	Sub:	Sub:	Sub:	Sul	):	Sub:		TOTAL
7. Ever disqualified from exam/studies      (YES/NO)        8. Annual income of father/guardian      19. Area you belong to      RURAL/UR        0. Hostel Facility required      YES/NO      21. Bus facility      YES/NO        °Bus facility required, tick your Boarding Station      mbala City      Ambala Cantt      Shahabad Markanda	Aggregate Per	centage in 10	)+2							
8. Annual income of father/guardian      19. Area you belong to      RURAL/UR        0. Hostel Facility required      YES/NO      21. Bus facility      YES/NO        F Bus facility required, tick your Boarding Station      YES/NO      YES/NO      YES/NO        Imbala City      Ambala Cantt      Shahabad Markanda	6. Percentage	in 10 <sup>th</sup> or equ	uivalent exam:							
0. Hostel Facility required      YES/NO      21. Bus facility      YES/NO        P Bus facility required, tick your Boarding Station      YES/NO      YES/NO        Imbala City      Ambala Cantt      Shahabad Markanda      Image: Constraint of the second sec	7. Ever disqu	alified from e	xam/studies	C	YES/NO)					
Bus facility required, tick your Boarding Station        Imbala City      Ambala Cantt      Shahabad Markanda        aha/Mithapur      Kurukshetra      Yamunanagar/Jagadhari	8. Annual inc	ome of father	/guardian	1	9. Area you b	elong	; to		RUR	AL/URBAN
aha/Mithapur Ambala Cantt Shahabad Markanda	0. Hostel Fac	ility required	YES/	NO 2	1. Bus facility	y			YES/	NO
aha/Mithapur Kurukshetra Yamunanagar/Jagadhari	Bus facility	required, tick	your Boarding	Station						
	mbala City		Ambala Cant	t	Shahab	ad M	arkanda			
arara Dogarka B'wala/N'garh/Sahzadnur	aha/Mithapur		Kurukshetra		Yamun	anaga	ar/Jagadh	ari		
Dosarka Dosarka Dwata/N gatil/Schizaupui	arara		Dosarka		B'wala	/N'ga	rh/Sehza	dpur		

#### 22. Undertaking for admission

(a) I solemnly declare that the information provided by me in the Admission Form is correct to the best of my knowledge and belief and nothing has been concealed therein. I also do undertake to abide by all the rules, regulations and instructions of the College and also of the University. I am taking admission in the College **provisionally at my own risk and responsibility** subject to confirmation of my admission by the University. If, at any stage, I am declared ineligible and my admission is canceled by the University ab-initio, I will abide by the orders of the University and forego every right to claim for it.

(b) In case my son/daughter/ward is admitted, I undertake that I will make all due payments as laid down by the college in time. I also promise to abide by the Discipline & Rules of the College and undertake that I shall neither indulge myself nor instigate any other student(s) in such activities or create or instigate or compel other to cause or create nuisance in the academic atmosphere of the College. In case I am found involved in any act amounting to violation of discipline or misconduct or the acts falling under the definitions / breach of above undertaking, I understand that disciplinary action be taken against me as per College/University rules which will be acceptable to me. Further, I undertake not to take part in any political activity/agitation whatsoever directly or indirectly.

I undertake that I shall not indulge in any act of ragging. Also I have never been involved in any unlawful activities.

Signature of Candidate	
Name	

Signature of Parent/Guardian Name\_\_\_\_\_

Relation

# 23. ENCLOSURES: (Tick YES/NO/NA' as applicable)

S. No	Enclosure Description (attested copies only)	YES	NO	NA
1	Matriculation Certificate			
2	10+2 Detailed Marks Statement			
3	Migration Certificate			
4	Character Certificate (From Institute last attended)			
5	Medical Fitness Certificate (From Government Hospital)			
6	Certificate of Reservation ( <i>if any</i> )			
7	Gap Year Certificate ( <i>if any</i> )			
8	Aadhar Card			

## 24. DECLARATION

Certified that all the entries made in this form are correct to best of my knowledge

Date

Signature of Candidate		Signature of Parent/Guardian
Name		Name
Place		Relation
For Office Use Only		
Form Received on	Registration No.	
EXAMINATION RANK/ PERCENTAGE		
10+2 (Aggregate)		
1 <sup>st</sup> Verification by (Name)	(Signature)	
2 <sup>nd</sup> Verification by (Name)	(Signature)	
3 <sup>rd</sup> Verification by (Name)	(Signature)	
	Remarks, if any:	
	Scrutiny Officer/Registrar/Prin	cipal