



HAPPY CHILD COLLEGE OF NURSING

Ensuring Excellence In Innovative Environment

(Approved by Indian Nursing Council, New Delhi, Govt. of India, DG Health Services, Chandigarh, Haryana Nurses Registration Council, Chandigarh & Affiliated to Pt. B.D. Sharma University of Health Sciences, Rohtak)

Mehiana Road, Opp. Sector - 23, Near Water Tank, Sonapat - 131001, (Hr.) India

Tel. 9215550127, 9466388128 | E-mail : info@hcsnursing.org | Web. www.hcsnursing.org

Important : *Please fill the form in capital letters

*Incomplete / Illegible forms will be rejected

*Wherever not applicable write NA.

Application Form No. _____

Programme Applied For

Please Paste Photograph Here

Personal Details (Write the official name that appears on your certificate)

Please fill-in the details in BLOCK LETTERS only (To be filled in by the applicant)

Personal Information

Name of Student

First Name

Middle Name

Last Name

Details of Birth

Day Month Year

Place & Name

Nationality

Category

Religion

Mother Tongue

Gen., OBC, SC, ST, Pw, Minority (Hindu, Sikh, Muslim, Christian, Parson)

Current Mailing Address

State

Postal Code

Phone No.

With Area Code

Permanent Address

State

Postal Code

Phone No.

With Area Code

E-mail Address

Family Details

Father's Name

Full Name

Profession /Business

Pan No.

Position Held/Nature of Business

Total Annual Income

Phone No.

Mobile No.

Office Address

Mother's Name

Full Name

Profession /Business

Pan No.

Position Held/Nature of Business

Total Annual Income

Phone No.

Mobile No.

Office Address

Date :

Place :

Signature of the Candidate

Signature of the Parent/Guardian

**Guardian / Spouse
Name and Address**

Full Name		Relationship	
Position Held/Nature of Business	Total Annual Income	Phone No.	Mobile No.
Office Address			
State		Postal Code	

Academic Record

Exam	Year of Passing	% age	Class	Subject	University / Board
10th					
12th					
GNM					
Other					

Details of Copies Enclosed : Tick the relevant boxes

Marks card of 10+2 or any other equivalent exam.

10th Standard Certificate

Transfer Certificate

RN

NOC/Migration Certificate

Caste Certificate

Conduct Certificate

Higher Education

(Wherever Applicable)

Any Other

Adhar

Language Studied :

First Language : _____ Second Language : _____

Declaration by the Applicant

- I declare that the above information is correct and I fulfill the Eligibility Criteria Mentioned above.
- I Promise to abide by the Rules and Regulations of the College / Institutions and be subject to their disciplinary action and if so needed, to be moved from the college in case of persistent break of disciplinary rules.
- I agree to adhere to the Rules and Regulations, Scheme of study and Examination of the UHSR, Haryana.
- I shall not indulge myself in ragging in any form.

Place : _____ Date : _____

Signature of the Applicant

Declaration by Parent of Guardian

I agree to the Applicant's admission to the college. I shall be responsible for the payment of all his/her fees and other Charges. I shall also be responsible for his/her conduct and good behavior during the period of his stay in the college.

I will not claim or demand under any circumstances or reasons any refund of amount paid to the institution or the Management connection with his/her admission even though he/she withdraws his/her candidature and admission at his/her own risk or financial loss. No correspondence of mine need be entertained in this behalf. Also I will not withdraw/cancel the admission during the course of my wards study and if I do so, it will be at my own risk and I assure to pay the fees for subsequent years and clear all dues I owe to the institutions.

Place : _____ Date : _____

Signature of the Applicant

FOR OFFICE USE ONLY

Selected	Fee Paid	Admitted	Director / Principal
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