

DECLARATION BY THE STUDENT

I _____ solemnly declare that I have read all the rules and regulations of the College and the university / Faculty to the best of my knowledge. I declare that I qualify for the admission in the college and that all the information furnished by me are true and accurate to the best of my knowledge. If any false statement or incorrect information is found, I will stand to have my admission cancelled. I will accept the decision of the College administration as final and not approach any court of law for the same.

In any form I hereby agree that in case of any dispute between me and the Institute during the training period, the matter will be referred to the director of the Institute and Her/His decision will be final.

I shall not indulge in any political activities, student union/association/action committee.

I understand that the fees paid by me is neither refundable not adjustable and not transferable in any circumstances.

I will not indulge in ragging.

Date ____ / ____ / ____

Place _____

(Signature of Student)

DECLARATION BY PARENT / GUARDIAN

I _____ the Parent/Guardian of the applicant hereby declare that I am aware of the financial obligations of admitting my child ward to Anand Hospital Paramedical And Nursing Institute. I agree to pay the tuition and other fees payable to the academic year from the time to as per rules. I also a firm and endorse the declaration made my child/ward. I am ware that all changes/fees paid by me child/ward are strictly not refundable or not transferable.

Date ____ / ____ / ____

Place _____

(Signature of Guardian)

UNDERTAKING

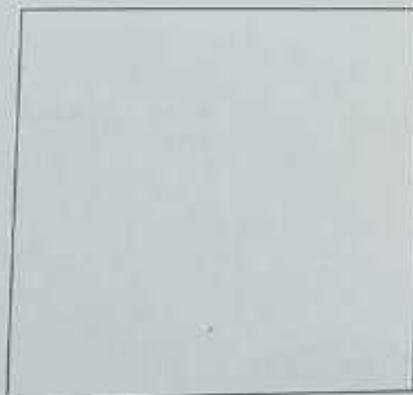
I _____ hereby declare that I have read the prospectus thoroughly and understood rules and regulations/terms and the condition of Anand Hospital Paramedical And Nursing Institute. I have obtained to consent/permission of parents and guardians to join the course. I have noted that the fee once paid is not refundable or transferable in any form. I am aware that the Institute does not guarantee any employment in center/state government semi government of autonomous, private voluntary organization. I have not that the fee once paid is not refundable or transferable in any condition.

Date ____ / ____ / ____

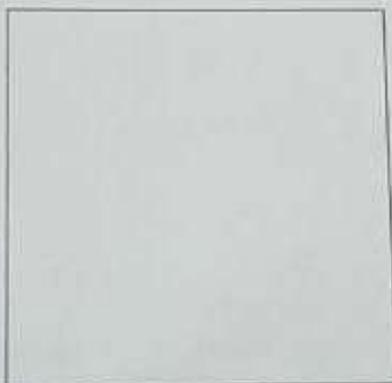
Place _____

(Signature of Student)

FOR OFFICE USE ONLY



Paste your recent photo



Your Full Signature

Signature of the admission Incharge