

INDEX NO.:

Biswanath Institute of Medical Technology (BIMT)

PLOT NO : 210/1320, SARALA NAGAR, LAXMI SAGAR, BHUBANESWAR-751006, PHONE : 0674-2570671

APPLICATION FORM

Paste recent
passport size
photograph

For Admission into ANM / GNM Courses/
..... / 02 years / 3 1/2 years Certificate course in
..... / / 01 year.

1. Name of the Applicant :
2. Father's / Mother's Name :
3. Date of Birth as recorded (In words) :
4. Nationality :
5. Religion :
6. Category (SC/ST/OBC/PH/Gen.) :
7. Sex (M / F) / Married / Un Married :
8. Present Address (Phone) :
:
:
9. Permanent Address (Phone) :
:
:
10. Contact / Corresponding Address :
Phone/Mobile No.

11. Academic History :

Sl.No.	Name of the Exam. Appeared	Year of Passing	Chances	Total Mark obtained	% of Marks

Attested Xerox Copies of certificate and Mark Sheet should be attached

12. Whether willing to reside / stay natural guardina / local legal guardian / Hostel if admitted in the above mentioned courses.

13. **Undertakings :**

I do hereby declare that I would study in the aforesaid school by abiding the terms and condition as mentioned in the prospectus and also within the rules regulations changeable time to time and further declare that all the datas captioned above are true to the best of knowledge and belief. If any distrubances made during my study period the decision of the management on this regard is final. I would be compelled for discontinuation of my study without claiming and my admission there on would be summarily be cancelled.

14. **Declaration by the candidate :**

I.....an applicant for admission into GNM/ANM Course of the college of BIMT for the session do hereby declare that no extra fee is collected /Damand by the school toward donation/capitation etc. dt.

Counter Signed by Parent/Guardian

Name :

Place :

Date :

Signature of the Applicant

To be detached from here

FOR OFFICE USE ONLY

INTIMATION LETTER

Sri / Smt. Miss, has already provisionally been selected to get into admission on the dated At 11.00 Am along with your requisite below mentioned original documents for verification.

To

.....
.....
.....

Annexure of documents copy :

1. Attested copy of all qualification certificates.
2. Attested copy of all mark sheet, including chance certificate
3. Attested copy of conduct certificate.
4. Four numbers passport size photographs duly stamped and attested
5. Cast Certificate

HOSTEL ADMISSION FORM

1. Name of the Candidate :

2. Father's/ Guardian Name :

3. If guardian Specify Membership :

4. Address for Corresspondence :

Phone

5. Suffering from any specific Disease :

6. Whether involved any criminal Case : Yes No

7. Specify the name of guardian and their membership who will visit during your stay at Hostel

a) Name Relationship

b) Name Relationship

8. Father recommendation :

UNDER TAKING

I do hereby undertake that I will accept all the rules and regulation of the Hostel. The above informations given by me are true to the best of my knowledge.

Signature of the Candidate

Signature of the Parent / Guardian