

S.No. _____

AV INSTITUTE OF NURSING AND MEDICAL SCIENCES (AVI)



(Managed by AV Educational & Charitable Trust)

Trikuta Nagar, Marble Market Road, Near City Farms, Jammu - 180011)

Contact No. : 94191-09292, 99062-99009, 0191-2480448

APPLICATION FORM FOR SESSION 20.....20.....

PHOTO
SIGNED
ACROSS

Name of Course : _____
(GNM/FMPHW/MMPHW/MA/PHARMACIST/Sanitary Inspector)

PERSONAL DETAILS : (In Capital Letters)

Name of Student (Mr./Mrs./Miss) _____

Gender (Male/Female) _____ Place/Date of Birth _____

Religion _____ Nationality _____ Marital Status (Married/Unmarried) _____

Email. _____

Father's/Guardian's Name _____

Mother's Name _____

Whether OBC / SC / ST / Others _____

Blood Group _____ Mailing Address _____

City _____ State _____ Contact No. _____ PIN _____

Permanent Address _____

City _____ State _____ Contact No. _____ PIN _____

Name of the local Guardian / Occupation / Address / Contact Nos / Relationship with the Applicant _____

Are you working in any Govt. / Semi Govt./Private Concern as Regular employee and if so, Then give the details and enclose NOC / Permission from the Employer

Have you read and understood the prospectus document completely (Yes/No) ?

If No, Kindly read the prospectus and sign

How you ever been convicted by any court of Law ? _____

ACADEMIC QUALIFICATIONS :

Examination Level	Board / University	Marks (%) Grade	Year of Passing
X Class / SSLC			
XII Class			
Graduate / Others			

PAYMENT DETAILS

All payments should be made through Demand Draft in favour of **AV Educational and Charitable Trust Jammu** either through Cash.

Cash _____ Receipt No. _____ Date _____

DD No. _____ Bank Name _____ Date _____ Place _____

Note : Fee Non-Refundable

DECLARATION

I have read the particulars of the applicant Submitted above and do hereby solemnly affirm and declare as under:
That the Entries made in the form are true to the best of my knowledge and belief.

That I will abide by the Rules / Regulations / Instructions issued by the Institute / Competent authorities and also laid down in the Prospectus and in case of non obeyance the authorities have complete right to cancel my registrations / admission without any claim whatsoever may be. That in case of any legal proceeding only Jammu Courts shall have the Jurisdiction. I further agree that failure to prove authentication of the original DOB/Qualification certificate at the time of selection/examination will not only result in cancellation of admission but also forfeiture of the fee and other amounts deposited till that day.

Signature of Student _____ Place _____ Date _____

I hereby solemnly affirm and declare that the averments made above by my ward (Student) are fully endorsed and assure you that my son / daughter / wife _____ shall obey all the instructions / orders / rules of the institute.

Signature of the Parent / Guardian _____

Relationship _____ Place _____ Date _____

Name _____

Enclosed Certificates

- * 10th Marksheet
- * State Subject
- * 10+2 Marksheet
- * 12 Passport size photos (4 attested)
- * 4 self addressed envelopes with postage stamp on each envelope.
- * Demand Draft / Photocopy of Cash Receipt.