

## DECLARATION

*(2 pages format)*

*To be typed on stamp paper of Rs. 20/- and jointly signed by the applicant and parent/Guardian and to be attested by the concerned tehsildar/notary public.*

We namely the applicant Miss/Mrs.....

D/W/o.....Resident of.....

.....Pin.....

Have applied for admission in the Basic B.Sc(Nursing)/ G.N.M Course Batch 20..... at SHIMLA NURSING COLLEGE, Rajindra Complex, Annandale, Shimla, Himachal Pradesh-171003, India.

We solemnly affirm and declare as under:

1. We shall abide by rules and regulations of SHIMLA NURSING COLLEGE, Rajindra Complex, Annandale, Shimla, and Himachal Pradesh-171003 given in the prospectus, Admission form and which can be amended by the management and authorities thereafter.
2. We will be responsible for timely payment of all dues and other charges payable to SHIMLA NURSING COLLEGE, Rajindra Complex, Annandale, Shimla, Himachal Pradesh-171003 during the period of applicant's studies and we understand that the fee and dues once paid are not refundable, Negotiable under any circumstances.
3. We agree to abide by the discipline of this college. The applicant avails herself to all opportunities of academic instructions and will appear in all tests of the college whatever required to do so by the authorities.
4. In case of any breakage of equipment, material either in Hospital, Hostel, Demonstration room, Laboratories etc. we agree to bear the cost of the breakage.
5. Once admitted, we agree that the applicant's admission can be cancelled if any incorrect or incomplete information has been submitted to the authorities. We shall agree that in such case fee shall not be refundable, negotiable under any circumstances.
6. If the applicant leaves the college before completion of the course, no fee would be refundable, negotiable under any circumstances and we also agree to pay full amount of the entire course duration fees (four year/three year), hostel rent, transport as well as other college fees etc.
7. During the entire course of training period, we agree to abide that the management, administration of the college has the right to change the fee structure the fee/funds at anytime & we shall abide by the changed structure.
8. During the entire course of training period, we agree to abide that the applicant will not marry, and if already Married will not conceive /Get Pregnant.
9. No mobile phones are allowed in the college.
10. We agree the applicant will not get involved in any kind RAGGING ACTIVITIES if involved will be punished as per the guidelines and laws of state and Central Government, which may mean rustication from the college.

11. Washing clothes inside the hostel premises is completely prohibited .Wards should give clothes to the washer man for washing clothes.

12. There is a water problem or shortage in Shimla. So Students can face this problem in college or hostel.

We have read the above declaration carefully and agree to abide by the same.

We further solemnly affirm and declare that the contents submitted at time of admission are true and correct to the best of our knowledge.

.....  
Signature of the Parent/Guardian

.....  
Signature of the Applicant

.....  
NAME IN BLOCK LETTERS

.....  
NAME IN BLOCK LETTERS

Relationship with the Applicant.....

Place.....

Dated.....

**APPENDIX -10**  
**STANDARD OF MEDICAL/ PHYSICAL FITNESS FOR ADMIS-  
SION TO THE NURSING COURSES**

**1. Eyes:**

(a) The absence of one eye shall not be a bar; the vision of remaining eye shall not be less than 6/9 with or without glasses.

(b) The minimum vision in person in possession of both eyes will be 6/12,6/18 with or without glasses.

(a) There shall be no fundus disease adversely affecting the vision.

(b) There should be no colour blindness.

2. Ears: The hearing power shall be such as to enable a candidate to use his stethoscope effectively

3. Blood pressure .....Normal

4. Heart.....No organic disease.

5. Lungs.....No organic disease.

6. Liver, spleen Kidney and lymphatic glands.....No permanent abnormality.

7. Nervous system.....No abnormality and candidate should be mentally sound.

8. Urine.....Free from albumen or sugar.

9. Extremities.....

(a) Any one with bad deformity or any absent limb shall be debarred.

(b) There shall be no deformity of lower limbs or spine to hinder normal locomotion.

10. Every candidate should have X-ray screening of the chest to exclude pulmonary cardiology.

11. Female candidates should be examined by the Gynecologists- if any to exclude any organic disease.

**Note :** *The Candidate(s) admitted against physically handicaped category seat his/her medical fitness for admission will be decided/considered as per provisions contained in the prospectus.*

*Medical Officer Signature along with seal*



# SHIMLA NURSING COLLEGE

AN UNIT OF RCS ASSOCIATES CHARITABLE TRUST (Regd.)

Rajindra Complex, Annandale, Shimla, H.P – 171003, India

Phone No: 0177 – 2816991, 2816993; Fax No: 0177-2815994

email id: [contact@shimlanursingcollege.com](mailto:contact@shimlanursingcollege.com) Website: [www.shimlanursingcollege.com](http://www.shimlanursingcollege.com)

## HOSTEL APPLICATION FORM

The Principal,  
Shimla Nursing College,  
Rajindra Complex, Annandale,  
Shimla-171003-HP

Sir/Madam,

I want to take seat in the hostel of your college. I will abide by the rules and regulations of the Hostel. My particulars are as below.

**1. Students**

Name:.....

**2. Fathers /Guardian**

Name:.....

**3. Course &**

Batch:.....

**4. Mailing Ad-**

dress:.....

.....  
.....

=.....Pin : .....Phone  
No.....

Mobile .....email address  
.....

**5. Marital Status: (tick) Married/ Single/ Widow/Divorced:**

**6. Name of the person who can visit you: (Attach passport type photographs of the below visitors at the back side of this page)**

Sr No	Name of the authorized person for hostel visit	Gender	Age	Relationship
1				
2				
3				
4				
5				

Guardian's Signature

Candidates Signature

Relationship with the candidates: .....

Date:.....Place:.....

**(Anti Ragging Format - To be furnished on plain paper at the time of Admission)**

I, .....(name of father/ mother)  
of .....(name of student) admitted in the year  
**20....** At **Shimla Nursing College- Annandale-Shimls-HP-171003**  
(Name of Medical/ Nursing School/ College) presently student of **B.Sc-**  
**N /GNM** hereby declare that my son/daughter/ward will not indulge in  
any type of **ragging or indiscipline** in the campus/Hostel and outside. In  
case of any such violation strict disciplinary action should be followed  
as per Anti Ragging Act issued by the H.P.Govt. and I/we will not inter-  
fere in any way in the action taken against my son/daughter/ward.

.....  
(Signature of parents/guardian)

Address: .....  
.....  
.....

Tel. No.....

\*Students email id & contact no .....

\*Parents email id& contact no .....