

## **COLLEGE OF NURSING, GIMS**

Greater Noida, Gautam Buddha Nagar-201310, Tel-0120-2341738, 7303884227 Website: www.gims.ac.in, Email-gimscollegeofnursing@gmail.com (An Autonomous Institute under Govt. of U.P)

OF MEDICAL	(An Autonomous Institute under Govt. of U.P)			
a Signati	ADMISSION SHEET			
	BSc NURSING COURSE - 2025			
Name	:			
Father's	s Name :			
Mother	's Name :			
Date of				
Name o	f the school where passed Intermediate/Equivalent			
Cast	: Category:			
Perman	ent Address :	•••••		
Blood (	Group :			
He/ Sh Noida,		Nursing, G	IMS, Gre	
S.NO.	CHECK LIST	YES	NO	
1.	CNET Admit Card			
2.	Provisional Allotment Letter			
3.	CNET Marks sheet /Rank Card/Score Card			
4.	10 <sup>th</sup> Mark sheet and certificate.			
5.	12 <sup>th</sup> Mark sheet and certificate			
6. 7.	Date of Birth certificate.			
8.	Five passport size photographs			
	Transfer certificate			
9.	Migration certificate of concerned board/university			
10.	Reserved category original Caste / EWS Certificate/ PH certificate			
11.	U.P Domicile			
12.	Gap Certificate (if required)			
13.	Affidavit from both students and parents regarding discipline and anti-ragging.			
14.	Government issued Photo Identity Card / Aadhar Card/Pan Card/Voter ID			
15.	Fee Receipt Deposited at ABVMU For Seat Confirmation			
16.	Fee Receipt Deposited at allotted college for Document Verification			
Amoun D.D. N	didate has also submitted the Demand Draft with the following details  umber f Bank with branch.		 	

.....

In College of Nursing, GIMS, Greater Noida

INCHARGE DOCUMENT VERIFICATION

On

## **UNDERTAKING BY THE STUDENT**

I, solemnly affirm that I shall maintain good conduct and behaviour throughout my stay in the **College of Nursing, GIMS, Greater Noida** and shall not indulge in any undesirable or anti-social activities. I also affirm that I shall maintain discipline and abide by the provision of act, Ordinances, regulations and other instructions enforced by the Institute from time to time. In case of breach of this undertaking, I shall be liable to be expelled, rusticated or otherwise as decide by the Institute authorities.

Date:				
		dent		
	Full Name			
	Widdle Ivo			
UNDERTAKING BY THE PAREN	TS (S)/GUARDIAN OF THE STU	<u>IDENT</u>		
Nursing, GIMS, Greater Noida, sha	all maintain good conduct and behave he/she shall render himself / her lial	being admitted to the <b>College of</b> viour at all times during his/her stay in the ble to be expelled, rusticated or otherwise		
MOTHER	FATHER	LOCAL GUARDIAN		
Local Guardian Signature	Guardia	n Signature		
Name:		Name:		
Address:		Address:		
Pin Cod No	Pin Cod 1	Pin Cod No.		
Mobile:	Mobile: .	Mobile:		
Dated:		Dated:		

INCHARGE DOCUMENT VERIFICATION

**FACULTY INCHARGE ADMISSION**