

APPLICATION FORM
SAI NURSING INSTITUTE
OLD PHC Building
Sankhali-Goa
PIN No.403 505
Recognized by INC, & Govt. Of Goa

To
The principal,
Sai Nursing Institute,
Old PHC Building Sankhali – Goa.

Application form No.: _____

Recognized by Board: HSSC/ICSE/CBSE: _____

Std. XII %: _____ Stream: _____

Medium of Instruction in Std XII: _____

Year of Passing: _____

Name of the Applicant: _____
(Block letter) SURNAME NAME MIDDLE NAME

Date of Birth: _____ Marital Status: _____
(17 year to be completed as on 31st Dec 2021. Maximum age is should not exceed 35 years. No age bar for ANM/LHV)

Present Postal Address: _____

Permanent Address: _____

Tel. No. (Mob. No.): _____ Residence: _____ Religion: _____

Category :

Language Spoken: _____

Father's / Husband's Name & Occupations: _____

Guardian's Name & Occupation: _____

Phone No.: _____

Relationship With Guardian: _____

Place: _____ Date: _____

Signature of Candidate _____

DECLARATION FORM

I _____ hereby declare that whatever information in the form of documents or else is submitted to this Institute is true to my knowledge.
I will also abide by the rules and regulations of this institute, if admitted for the GNM program or adjust to any changes that may take place thereafter.

Place: _____

Sign: _____

Date: _____

Name: _____

DECLARATION BY PARENT / GUARDIAN

I _____ hereby declare that I have carefully gone through the prospectus and I undertake in the event of the above application being admitted to pay regularly all the fees and other dues before the completion of the course.

Place: _____

Sign: _____

Date: _____

Name: _____

FOR OFFICE USE ONLY

Application of Smt/Miss/Mast. _____
Received for the course of General Nursing Midwifery (GNM) Has been ACCEPTEDED/REJECTED
for (Reason) _____
by the selection committee of Sai Nursing Institute. Sankhali Goa.

Date: _____

Principal

ANNEXURE I
AFFIDAVIT BY THE STUDENT

- 1) I _____ (full name of parent /guardian) S/o, D/o, Mr. /Mrs. / Ms. _____ having been admitted to _____ (Name of the institute) have noted the content of Goa Prohibition of Ragging Act, 2008 (Act No.9of 2009) and Goa Prohibition of Ragging (Amendment) Act, 2010 (herein after called the "Act"), carefully read understood the provisions I the said Act.
- 2) I have, in particular, perused clause 2(e) of the Act and am aware as to what constitutes Ragging.
- 3) I have also, in particular, perused clause 5 and clause 6 of the Act and am fully aware of the penal and administrative action that is liable to be taken against me in case, I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that
- a) I will not indulge in any behavior or act that may be constituted as ragging under clause 2(e) of the Act.
 - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 2(0) of the Act.
- 5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 6 of the Act, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
- 6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote ragging: and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared on this _____ day of _____ month of _____ year.

Signature of deponent _____

Name _____

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ (place) _____ on this the _____ (day) _____ of _____ (month) _____ (year).

Signature of deponent _____

Solemnly affirmed and signed in my presence on this the _____ (day) _____ of _____ (month) _____ (year) _____ after reading the contents of this affidavit

Principal

ANNEXURE II
AFFIDAVIT BY THE PARENT/GUARDIAN

- 1) I Mr. /Mrs. /Ms. _____ (full name of parent / guardian) father / mother / guardian of _____ (full name of student with admission / registration /enrolment number _____ With admission / registration /enrolment number) having been admitted to _____ (name of the institution _____) have noted the content of Goa prohibition of Ragging Act, 2008 (Act No.9 of 2009) and Goa Prohibition of Ragging (Amendment) Act, 2010 (Act 17 of 2010) (herein after called the "Act") carefully read and fully understood the provisions contained in the said Act.
- 2) I have in particular perused clause 2(e) of the Act and am aware as to what constitutes Ragging.
- 3) I have also, in particular, perused clause 5 and clause 6 of the Act and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly ever and undertake that
- a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 2(e) of the Act.
 - b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 2(e) of the Act.
- 5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 6 of the Act, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
- 6) I hereby declare that my ward has not been expelled or debarred from admission in any institutional in the country on account of being found guilty of, abetting or being part of a conspiracy to promote ragging and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of deponent _____

Date _____

Address _____

Telephone/Mobile No. _____

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ (place) _____ on this the _____ (day) _____ of _____ (month) _____ (year).

Signature of deponent _____

Solemnly affirmed and signed in my presence on this the _____ (day) _____ of _____ (month) _____ (year) _____ after reading the contents of this affidavit

principal