

Undertaking and pledge by the candidate

- 1.) I hereby certify that the entries made by me in this form are correct to the best of my knowledge and I have not concealed any information in any manner.
- 2.) I agree to observe and abide by all the rules and regulations of the institution and hostel rules that may be laid from time to time by the Punjab Govt.& Punjab Nurses Registration Council.
- 3.) I fully understand for any violation or infringement of these rules and regulations, disciplinary action can be taken against me by the authorities which may include cancellation of the candidature.
- 4.) I certify that I am not involved in any legal activity and no criminal case is pending against me in any court of law.
- 5.) I understand that if at any stage, it is found that I have provided any wrong information to seek admission to the institution, my admission shall stand cancelled automatically and I shall have no claim whatsoever, on the seat & the dues paid to the institution.

Dated :--

Signature of the Candidate

Undertaking by the Parent / Guardian

I certify that my son/daughter/ward Mr./Ms. _____ has submitted this application with my knowledge and consent and that I hold myself responsible for his/her good conduct and his/her maintenance and any payment of fees during the stay at any institution. The entries made by him/her in the Admission Form are correct to the best of my knowledge.

Dated :--

Signature of the Parent/Guardian

SPECIMEN OF MEDICAL CERTIFICATE OF FITNESS

I have examined Shri / Kumari / Smt.

Son / Daughter of Shri.....aged

.....Years,ofVillage.....P.O.

..... P.S

.....

Dist.....State.....PIN.....andcertifythat

he/sheisfreefromdeafness,defectivevision(includingcolourvision),oranyother

infirmity,mentalorphysical,likelytointerferewiththeefficiencyofhis/herworkand

found him / her possessing good health. He/ She is medically fit to take admission in the course

ANM/GNM.

Signature of Candidate

(To be signed in the presence of the Medical Supdt. /Incharge)

Passportsizephotoduly
attested by Medical
Supdt./Incharge

Signature of Medical Supdt./Incharge:.....

Name of Medical Supdt./Incharge:.....

Stamp of MedicalSupdt./Incharge:.....

Dated:

Note: Medical Certificate be submitted from Medical Supdt./Incharge of the parent/affiliated hospital of the

Self- Undertaking for Gap in Study

I _____ S/o ,D/o Shri _____ resident of _____ (full address to be given)do hereby solemnly state and affirm as under:-

1. That I have passed 10+2 examination held in _____ from _____ (name of the college/school)
2. That I have not joined any college/institution after passing 10+2

OR

That I have joined the course of _____ at _____ (name of the institution) from _____ and will leave the same before joining the GNM course 2024 which ever applicable.

Dated: _____

Candidate Signature

Self-Declaration for Eligibility of Minority / Special Quota

(For Counseling of ANM/GNM Course)

I, _____, son/daughter of _____, resident of _____, do hereby solemnly affirm and state as under:

- 1) That I am Sikh/Christian/Muslim and belong to Sikh/Christian/Muslim Community;
- 2) That I practice the Sikh/Christian/Muslim Faith;
- 3) I am eligible for the _____ quota as per the policy of the State/PNRC/Institute.

I further declare that I shall continue maintaining the Policies of the institution related to Minority/ Special Quota appearance during the entire course of my studies and thereafter.

Signature:

Date:

Place:

Name:

Address:

Phone:

DOB:

SAMPLE
CHURCHMEMBERSHIPCERTIFICATE
(Diploma in General Nursing & Midwifery 2024)

Name of the
Candidate.....Date:..... Date
of Birth:.....
Father's Name:.....
Mother's Name:.....
Address:.....
.....

This is to certify that, as per our church records, Mr./Ms.....is a member
of our Church from.....till... He/ She is communicant/non-communicant
member.

Name of the Church:.....

Address of the
Church:.....
.....

Telephone No:.....Email address:.....

Name of the Presbyterian* In charge of the
Church:.....

Address:.....

Telephone No:.....Mobile No:.....

Email address:.....

Head of the Church**:.....Telephone No.....

Head Office of the Church
(Address).....

Signature of Pastor/Presbyter*In charge of the Church
with official seal & date

Verified the Signature & details of the Presbyterian-in-charge of the Church

Signature of Head of the Church**:
With official seal & date

*Presbyter/Minister/Reverent/Pastor/Vicar

**Bishop/Senior Presbyter/Senior Pastor/Senior Minister

(It is important to have both signatures with the particulars, otherwise it is not valid)