



**C. Academic Performance** (General Education Qualification)

| Exam Passed                | Year of Passing | Subjects | Board / University | Marks obtained | Division | Percentage |
|----------------------------|-----------------|----------|--------------------|----------------|----------|------------|
| Matric /10th/SSLC          |                 |          |                    |                |          |            |
| 10+2/Inter/ Pre-university |                 |          |                    |                |          |            |
| Any Other Qualification    |                 |          |                    |                |          |            |

**Extra-Curricular Activities /Hobbies**

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**DECLARATION**

I \_\_\_\_\_

D/o \_\_\_\_\_ do hereby solemnly affirm and declare that :

- Information in this form is correct to the best of my knowledge and belief and nothing has been concealed by me.
- I shall fully abide by the orders, rules and regulations of this College as stated in the prospectus. Ignorance will not be considered
- I shall not violate the rules of the college by taking part in any kind of strikes or such other activities harmful to the administration/ College. If I do so, my name should be struck off from the college and shall not be allowed for refund of fees paid .
- I admit that any charges / fees paid to the college will neither be refundable nor transferable, whatsoever may be the reason.
- In case, I leave the College before the completion of the course, I shall be liable for payment of all dues to the college.
- I shall pay the fees and all other dues in time as mentioned in the prospectus/ notified from time to time.
- I will attend regular classes and participate in college activities and self development programmes.
- All the disputes are subject to the jurisdiction of Gwalior Court only.

**This is to certify that I father / guardian shall be responsible for regular payment of fees, any other dues, good conduct & welfare of Miss. \_\_\_\_\_ during her studies in G.N. College.**

*Signature of the Father / Guardian*

Date

*Signature of the Candidate*

No. of Enclosure(s) : \_\_\_\_\_

|                            |  |   |
|----------------------------|--|---|
| <b>FOR OFFICE USE ONLY</b> | Date of Admission : _____ Admission No. : _____  | <b>Admitted</b><br>_____<br><i>Admission Officer</i><br>_____<br><i>Principal</i> |
|                            | Remarks : <i>Checked qualification, age, subjects and percentage. Admission may be given.</i><br><br><p style="text-align: right;">(Registrar)</p> |   |



# Gwalior Nursing College

Sakshi Parisar, Urvai Gate, Gwalior – 474 012 (M.P.)

Phone : 0751-2443942 – 43 Fax : 0751-2443947

## Medical Fitness Certificate

1. Name \_\_\_\_\_

### 2. Personal History

(a) Have you had any disease in the past ? Yes/No

If Yes, specify \_\_\_\_\_

(b) Do you have any chronic ailments at present ? Yes/No

If Yes, specify \_\_\_\_\_

(c) Do you have any disturbing or unusual persistent complaints ? Yes/No

If Yes, specify \_\_\_\_\_

(d) Are you taking any treatment or drugs ? Yes/No

If Yes, specify \_\_\_\_\_

### Physical Examination :

1. Height \_\_\_\_\_ Cms. \_\_\_\_\_ Feet \_\_\_\_\_ Inch. \_\_\_\_\_

2. Weight \_\_\_\_\_ Kg.

3. B.P. \_\_\_\_\_

4. Posture \_\_\_\_\_

5. Eyes \_\_\_\_\_

Rt Eye \_\_\_\_\_ Lt. Eye \_\_\_\_\_

6. Ear \_\_\_\_\_

Rt Ear \_\_\_\_\_ Lt. Ear \_\_\_\_\_

7. CVS \_\_\_\_\_

8. RS \_\_\_\_\_

9. GS \_\_\_\_\_

10. Musculo-Skeletal System \_\_\_\_\_

11. Menstrual History \_\_\_\_\_

12. Sign. \_\_\_\_\_

Signature

Name of the Examining Doctor

Registration Number .....