

**Dayanand Medical College & Hospital, Ludhiana**  
**B.Sc. Nursing – Admission – 2008**  
Request for Hostel Accommodation (if required) to be submitted at the time of admission

The Principal,  
College of Nursing  
Dayanand Medical College & Hospital,  
Ludhiana

Madam,

I shall be grateful if you kindly allot me hostel accommodation in College of Nursing, DMCH. My particulars are as under:

Name: \_\_\_\_\_

Mobile Phone :

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Rank PPMET-2008:

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Address of the Local Guardian: \_\_\_\_\_

\_\_\_\_\_

**Permanent Phone No**

Country Code

Area/STD Code

Phone

**Local Guardian**

Area/STD Code

Phone

Gender: Male

Female

Type of Accommodation: General

Special

I undertake to abide by the Hostel Rules mentioned in the B.Sc. Nursing Prospectus 2008 and also rules framed thereafter by the College Authorities

Yours faithfully

Date: \_\_/\_\_/\_\_

\_\_\_\_\_

Signature

# DECLARATION

We \_\_\_\_\_ (Candidate) son/daughter of \_\_\_\_\_  
and \_\_\_\_\_ (Guardian) son/daughter of \_\_\_\_\_ declare  
as under :

## **A. BY THE CANDIDATE**

1. I have applied for admission to B.Sc. NURSING Course 2008 of DMCH, Ludhiana in response to their relevant prospectus after having read and understood all the terms and conditions therein.
2. If admitted to B.Sc. NURSING Course-2008, I agree to abide by the terms and conditions of the prospectus.
3. I understand that the duration of course of instruction for the degree of Bachelor of Science in nursing (B.Sc. NURSING) including Compulsory Rotatory Internship, shall be four years.
4. I understand that if all the certificates submitted are not approved by the authorities concerned, my admission shall be cancelled.
5. If admitted to the college, I agree that my admission shall be cancelled if I am found to have submitted incorrect or incomplete information to the college authorities. I agree that in such case, and fee paid shall not be refunded to me. Decision of the Principal in such a case will be final. I confirm that I have not been disqualified from any University.
6. I also understand that the decision of the Admission Committee will be final and that my admission made will be subject to approval by the Baba Farid University of Health Sciences, Faridkot.
7. I understand that the full fee paid by me on being admitted to the course is as per the prospectus for 2008 and that the fee is payable either by cash or bank demand draft in the name of "Dayanand Medical College & Hospital, Ludhiana" against a proper receipt, and that cheques will not be accepted. I know and agree that the fees once paid is are not refundable.
8. I agree to pay all the dues as notified by the college authorities from time to time and on the dates fixed for the purpose and understand that fees/dues paid once are not refundable. I agree that any outstanding dues against me, as and when I leave the college, shall be adjusted by the authorities concerned from my security deposit and the balance, if any, claimed from me.
9. If I, directly or indirectly, take part in any movement to create any kind of disturbance during the period of the aforementioned course, including compulsory rotatory internship period, in the College/Hospital or hold or address a meeting in the College/Hospital or participate in any other activity which, in the opinion of the Principal will undermine the College/Hospital discipline or indulge in taking

alcoholic beverages or hallucinogenic drugs. I agree that my name shall be removed from the rolls of the college authorities. I agree that the decision of the college authorities in such matters shall be final and binding on me.

10. I understand that I will be permitted to take the 1<sup>st</sup> year B.SC. NURSING Examination one year after my admission provided I put in the required attendance of 80% in theory and non-theory classes along with 35% marks in Internal Assessments as per rules of the University and INC.
11. If the college authorities find, on the basis of my results in the college examinations or my failure to take such examinations, that I am not a fit candidate to be promoted to the next higher class or to appear in a professional examination, I agree to be detained in the same class or be debarred from appearing in the professional examination.

**B. By Parent/Guardian**

12. I hereby declare that if \_\_\_\_\_ is admitted she shall abide by the rules of Dayanand Medical College and Hospital, Ludhiana, given in the prospectus and those made by the authorities hereafter.
13. I hereby declare that I hold my self responsible for the timely payment of all the dues i.e. tuition fee, fines, canteen, mess and other charges etc. payable to Dayanand Medical College and Hospital in respect of my daughter/ward name \_\_\_\_\_ during the period of her studies in DMCH, College of Nursing, Ludhiana.
14. I declare she has never been disqualified by any University or Board.

Signature of the Student

Signature of Parents/Guardian

Guardian's relationship with the Candidate \_\_\_\_\_

Witness : (with full name, address and signature)

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

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COLLEGE OF NURSING  
DAYANAND MEDICAL COLLEGE & HOSPITAL, LUDHIANA  
**B.SC. NURSING (2008-2009)**

**I allow the following relatives to visit my ward.**

Name of ward ..... D/o .....

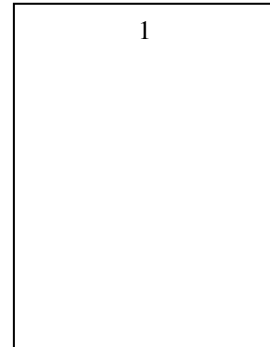
Visitor's Name: .....

Relation with ward: .....

Address : .....

.....

Phone No. ....



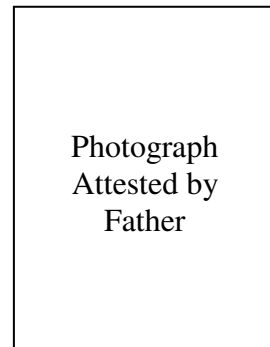
Visitor's Name: .....

Relation with ward: .....

Address : .....

.....

Phone No. ....



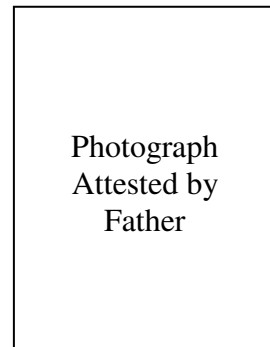
Visitor's Name: .....

Relation with ward: .....

Address : .....

.....

Phone No. ....



Signature of Father/ Mother

**Note:** Father / Mother should sign at the back of each photograph

The Principal  
College of Nursing  
Dayanand Medical College & Hospital,  
Ludhiana

Sub.: **PERMISSION TO BECOME A DAY SCHOLAR.**

1. I am student doing my B.Sc. (N) / GNM (N) in your institution and I request that I may be permitted to become a day scholar.
2. I am resident of : Address .....  
.....  
.....  
.....
3. I will ensure that I attend classes & clinical duties in rotation in time as per rules of the institution.
4. I will be responsible for traveling in & out side the Old DMC campus. In case of any mishap, I will be responsible for all the consequences legally and financially.
5. In case I am found present in less than 80% class room teaching & 90% clinical area, I may not to be allowed to sit for the annual University/ PNR exam.

Thanking you,

Yours faithfully,

Signature .....

Name .....

Session .....

Date: .....

**To be signed by Parents/Guardian:**

I shall be responsible for the above mentioned instructions.

Signature of Father/Mother/Guardian

Sanctioned:

Principal  
College of Nursing

COLLEGE OF NURSING  
DAYANAND MEDICAL COLLEGE & HOSPITAL, LUDHIANA

**B.Sc. Nursing Admission-2008**

**AUTHORIZATION LETTER FOR OVERNIGHT STAY**

I Sh. .... allow / don't allow my ward  
Miss..... Class ..... Roll no. .... for  
traveling alone from Old DMC, Ludhiana to our residence at.....  
.....Telephone no..... I will be a completely  
responsible for any kind of mishappening on the way during her travel and stay at  
home. My ward will obey rules and regulations of Nursing Hostel and I will be  
responsible for her work and conduct at college and hostel.

Sign. of Mother .....

Sign. of Father .....

Relation .....  
(if mother is not alive)

Relation .....  
(If father is not alive)

**Note** : If Father or Mother of student is not alive elder brother/sister can sign this letter.

## SURETY BOND

Know all men by these present, I, Mr./ Mrs. ....  
S/O/D/O Sh. .... Gali/ Ward No. Area .....  
..... city  
(here-in-after called the surety) and Mr./Ms .....  
S/O/D/O ..... (here-in-after called the student)  
firmly bind ourselves, jointly and severally unto Dayanand Medical College & Hospital,  
Managing Society, Ludhiana (A Registered Society under the Societies Registration  
Act) through its Principal (here-in-after called the College) for a sum Rs.  
..... (in words)  
Rs. .... to be paid to the said College or their representative, or their  
representative, or assignees, being the balance tuition fee for B.Sc. Nursing course  
undertaken by the student with the college on the terms and conditions mentioned here-  
in-after.

Now the terms of the above said Surety Bond are as under:-

1. That the student shall not leave the B.Sc. Nursing before the completion of the course as any such act entails the loss of balance tuition fee,
2. That in case the student leave the course before its completion and the college has to sustain a loss of fee for the remaining period then in that event, the bonded student and the surety shall be jointly and severally liable to pay the balance sum, equal to balance tuition fee of the course as damages, to the said college. However, under no circumstances the student shall be entitled to any kind of refund of the fees already paid.
3. That the liability of the student and the surety will be joint, several and co-extensive.
4. Notwithstanding anything herein before contained, it is hereby mutually agreed and declare that I ..... (Surety) will not be empowered to terminate my surety in any manner and this bond shall continue and shall be valid in all respects as mentioned herein above.

5. That this Surety Bond shall remain in force till the payment of final installment of tuition fee i.e. the 3<sup>rd</sup> installment and on the payment of the 3<sup>rd</sup> installment of tuition fee, it will automatically discharged.
6. However for the purpose of security, we have also submitted the three post dated cheques in respect of three installments of tuition fee. The detail of which is as under:

Sr. No.	Cheque No.	Date
1	-----	-----
2	-----	-----
3	-----	-----
4	-----	-----

We further undertake that in case of dishonour of any of the cheque on account of any reason, we will be liable for criminal prosecution under section 138 of the Negotiable Instrument Act besides the civil liability to pay the remaining tuition fee.

IN WITNESS whereof, we have hereby signed this surety bond on this ..... day of ....., 2008 at Ludhiana in the presence of the witness after admitting the contents of the same to be true and correct.

-----  
Student

-----  
Surety

Witness

(Signatures with full name & address)

1. ....

2. ....