



TRIPURA INSTITUTE OF PARAMEDICAL SCIENCES : NURSING

JOINT VENTURE WITH GOVERNMENT OF TRIPURA

(Affiliated with Indian Nursing Council, New Delhi & Tripura State Nursing (Council))

ADMISSION FORM

AFFIX
PASSPORT SIZE
PHOTOGRAPH

ANM ☐ GNM ☐ B.Sc. (Nursing) ☐ M.Sc. (Nursing) ☐

[PLEASE FILL THE FORM IN BLOCK LETTERS ONLY]

COMMON ENTRANCE TEST ROLL NO.

PERSONAL INFORMATION

NAME

FATHER'S NAME

MOTHER'S NAME

NATIONALITY

DATE OF BIRTH

DD

MM

YYYY

GENDER

MALE

FEMALE

CATEGORY

GENERAL

SC/ST

OBC

PERMANENT ADDRESS

PRESENT ADDRESS

CONTACT No.
(Guardian)

SELF MOBILE No.

E-mail

AADHAR No.

LOCAL GUARDIAN
(IF ANY)

ADDRESS

TELEPHONE NO.
(Local Guardian)

AVAILING HOSTEL FACILITIES

YES

NO

ACADEMIC INFORMATION :

QUALIFICATION	MAJOR SUBJECTS	BOARD / UNIVERSITIES	YEAR OF PASSING	% OF MARKS
CLASS X				
CLASS XII				
DIPLOMA/GRADUATE CERTIFICATE				
OTHERS				

DOCUMENTS VERIFIED (ORIGINAL & ATTESTED PHOTOCOPIES)

1.
2.
3.
4.
5.

DECLARATION

1. I SHALL OBEY THE RULES & REGULATIONS OF THE INSTITUTE AND THE INSTITUTE MESS.
2. I SHALL NOT TAKE PART IN ANY SUBVERSIVE ACTIVITIES INCLUDING RAGGING IN ANY FORM IN THE INSTITUTE CAMPUS OR THE INSTITUTE MESS OR ANY WHERE AT AGARTALA OR OUTSIDE ANY TIME DURING MY STAY AT THE INSTITUTE.
3. IF INVOLVE MYSELF IN ANY TYPE OF SUBVERSIVE ACTIVITIES, THE INSTITUTE AUTHORITY ALONE OR IN CONSULTATION WITYH LOCAL ADMINISTRATION MAY TAKE ANY TYPE OF DISCIPLINARY ACTION AS PER PREVAILING RULES & REGULATIONS OF THE COLLEGE.
4. I ALSO AGREE TO PAY COLLEGE INSTALLMENT / HOSTEL FEES ON TIME IF I FAIL TO PAY THE HOSTEL FEES / INSTALLMENT FOR CONSISTENTLY TWO MONTHS / TWO INSTALLMENTS I SHALL BE LIABLE TO STRUCK OFF FROM THE COLLEGE ROLL.
5. ALL THE INFORMATION FURNISHED HERE ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

COUNTER SIGNED IN FULL BY THE PARENT / GUARDIAN

SIGNATURE IN FULL OF THE STUDENT

DATE : _____

DATE : _____

FOR OFFICE USE ONLY

VERIFIED AND FOUND TO BE CORRECT

IDENTITY NO.

SECRETARY

ADMIN-IN-CHARGE

DATE : _____