



Kings

Health & Education
Academy

APPLICATION FORM

DATE

BATCH -

COURSE APPLYING FOR

☐ GENERAL NURSING AND MIDWIFERY

☐ B.SC | P.B.B.SC | M.SC. NURSING

☐ OPEN BOARD /

☐ PARA MEDICAL

☐



SCAN QR FOR WEBSITE

APPLICANT
PHOTO

35mm X 45mm

APPLICANT SIGNATURE

APPLICANT DETAILS

(Form should be filled in **BLOCK LETTERS** in English)

FULL NAME
(As Per 10th Markcard)

FATHER NAME

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MOTHER NAME

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DATE OF BIRTH

--	--

DATE

--	--

MONTH

--	--	--	--

YEAR

CURRENT AGE

--	--

GENDER | SEX

--

MALE

--

FEMALE

--

OTHER

BLOOD GROUP

--

MOBILE (STUDENT)

--	--	--	--	--	--	--	--	--	--

NATIONALITY

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MOBILE (PARENT)

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OTHER

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AADHAAR NO.

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ADDRESS

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CITY

DIST.

STATE

PIN CODE

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ACADEMIC DETAILS

(Incomplete details or without submission of originals application form will be rejected)

QUALIFYING EXAM

10TH	
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MONTH

YEAR

PASSING EXAM

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TOTAL MARKS

--	--	--

OUT OF

--	--	--

PERCENTAGE

--	--

%

ROLL / SHEET NO.

ORIGINAL DOC

10TH				
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PHOTO COPY

AADHAAR	
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PHOTOS	
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OTHER

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PUC
12TH

MONTH

YEAR

PASSING EXAM

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--	--	--	--

TOTAL MARKS

--	--	--

OUT OF

--	--	--

PERCENTAGE

--	--

%

ROLL / SHEET NO.

ORIGINAL DOC

12TH				
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OTHER

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OTHER

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STUDENT DECLARATION

ACCEPTANCE OF TERMS AND CONDITIONS OF ENROLLMENT

I declare that the information provided in this application form is true and correct to the best of my knowledge and belief.

Any delay in payment of fees will attract penal charges as decided by the management of Kings Health & Education Academy / University / College / School / Institute from time to time.

I will assure you that I will not indulge in any anti-social activities including causing damages to the Institute / Public Property, Smoking, Consuming Alcoholic, Intoxicating Drugs, Ragging, Eve-Teasing or any other activities that will tarnish the image of the Institute. I am also aware of the fact that I may be expelled from the Institute if found involved in any of these activities.

I shall abide by the rules and regulations of the Institution in force, which may be amended / altered by the Management from time to time. The decision of the Management with respect to any administrative and academic matter is final at all times.

PARENT / GUARDIAN DECLARATION

MEDICAL

Are there any medical facts which will help us in meeting the student's needs? Has the student previously been diagnosed with any medical conditions that we should be aware of if treatment is required? If any please list:

I accept that emergency medical treatment may be given and agree that I am responsible for the costs incurred in providing medical treatment and other associated services for the student.

APPROVAL FOR PARTICIPATION IN EXTRA-CURRICULAR ACTIVITIES

I consent to the student from attending and participating in extra-curricular activities including excursions and trips during the academic year and in the event of any emergency medical or surgical treatments may be given as deemed necessary. I understand that these activities are not the responsibility of the management of Kings Health & Education Academy and are undertaken at the student's own risk.

ACCEPTANCE OF TERMS AND CONDITIONS OF ENROLLMENT

I assure that my ward will not indulge in any act which will tarnish the image of the institute. If he / she does so, he / she may be expelled from the institute. I will not have any claim whatsoever for the refund of fees, if my ward leaves the institute on his or her own wish or expelled by the institute for breach of conduct, discipline and rules of the institute.

Any disputes regarding administrative or academic affairs of the institution are subject to the jurisdiction of the courts of Vadodara city only.

I acknowledge that I must comply with and will ensure that the student complies with the terms and conditions of enrollment.

SIGNATURE

DECLARATION THAT INFORMATION PROVIDED IS CORRECT

I, _____ am the parent / guardian of the student and declare that all information provided in connection with this application form is correct and that I have read and understood the terms and conditions of enrollment.

STUDENT SIGNATURE _____

PARENT / GUARDIAN SIGNATURE _____

DATE _____

PLACE _____



AUTHORISED CHANNEL PARTNER SIGNATURE _____