



Indian Group of Institution

(A Unit of Shiksha Sanchalan & Chikitsa Prasara Samitee, Dausa)

City Office : Near Anand Sharma Girls School, Lalsot Road, Dausa (Raj.) PIN-303303

Phone : 01427-230866, 9414073158, Campus : Baniyana Road, Hingotiya, Dausa (Raj.) PIN - 303303

Email : icn0787@gmail.com, Website : iitc.in

: Course :

- 1 B.Sc. Nursing - INC/RNC/RUHS 2 D. Pharma : AICTE/PCI/RUHS/RPC 3 D.M.L.T. /DRT/ DECGT/ DOTT: RAHC 4 B.Ed. - NCTE/UOR**
5 B.Ed. : (Shiksha Shastri) - NCTE/JRRSU 6 PGDYT. - JRRSU 7 B.A./B.Sc. - UOR 8 B.Sc. Ayurved Nursing/DAN&P : RANC & DSRRAUJ
9 D.El.Ed. - Directorate, Bikaner 10 PGDRP/M.Ed SE-HI, B.Ed. SE-HI/IDD, D.Ed. SE-IDD/HI (RCI/UOR) 11 BNYS : DSRRAUJ

ADMISSION FORM FOR SESSION 20..... TO 20.....

Form No.

Institution Applied for

Course Applied for Branch

FOR OFFICE USE ONLY

Admission by

Name & Signature

Date of Admission/...../..... Place

Details of Admission : First Year

PERSONAL DETAILS (PLEASE FILL THE FORM IN CAPITAL LETTERS ONLY)

Name (in English) Mobile

Name (in Hindi) Mobile

Father's Name Mobile

Mother's Name Mobile

Contact Person in Emergency Mobile

Date of Birth/...../..... Gender Male ☐ Female ☐

Category SC ☐ ST ☐ SBC ☐ OBC ☐ GEN ☐ Minority ☐ Other ☐ Ex-Service Man ☐ PH ☐

Adhar No.

Present/Postal Address :

.....

..... PIN Code

Email : Mobile Tel No.

Parmanent Address :

.....

..... PIN Code

I hereby declare that above-mentioned information furnished by me, are ture to the best of my knowledge and belief.

Education Qualification

Examination	Medium	Month & Year of Passing	Subjects	Board/University	% Marks
10th					
12th					
Graduation					
Post Graduation					
Other					

Subjects to be chosen (For Degree Courses Only)

COMPULSORY	OPTIONAL
(1) 10TH.....	(1) CASTE CERTIFICATE.....
(2) 12TH.....	(2) DOMICILE CERTIFICATE.....
(3) GRADUATION (I,II,III).....	(3)ADHAR PHOTO COPY.....
(4) POST GRADUATION.....	(4) OTHER.....

List of Enclosures (Mention original documents only)

- | | |
|-----------|-----------|
| (1) | (5) |
| (2) | (6) |
| (3) | (7) |
| (4) | (8) |

FEE PAYMENT PLAN

Total Fee Rs. Per Yr or Total Fee Rs. All Yr

Name of Course	Total Fees	Ist Inst.	Date	IIInd Inst.	Date	IIIrd Inst.	Date	Ivth Inst	Date

- Note :**
- Delay of payment will cause fine of Rs. 50/- per day & this will be applicable the date of deposition of full fee/ installment. No excuses/ explanations shall be entertained in this matter.
 - I am fully aware that fee once paid to the college/ institution shall not be refunded in part/ full under whatsoever circumstance/ (s.)
 - I/My parents have received the fee structure of college / institution & we will be abide be it/ latest fee structure of govt./ college.

Signature of Student

Signature of Parents/Guardian

Challan for Cash/UPI



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:: Course ::

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 ☐ D.Pharma
 ☐ DMLT
 ☐ DRT
 ☐ DECGT
 ☐ DOTT
 ☐ BNYS
 ☐ B.Sc. Ayurved Nursing
 ☐ DAN&P
 ☐ PGDRP
 ☐ M.Ed.SE-HI
 ☐ B.Ed.SE-HI
 ☐ B.Ed.SE-ID
 ☐ D.Ed.SE-HI
 ☐ D.Ed.SE-IDD
 ☐ B.Ed.
 ☐ Shiksha Shastri
 ☐ D.El.Ed.
 ☐ B.A.
 ☐ B.Sc.
 ☐ PGDYT

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 ☐ B.Ed.SE-HI
 ☐ B.Ed.SE-ID
 ☐ D.Ed.SE-HI
 ☐ D.Ed.SE-IDD
 ☐ B.Ed.
 ☐ Shiksha Shastri
 ☐ D.El.Ed.
 ☐ B.A.
 ☐ B.Sc.
 ☐ PGDYT

College Name		College Name	
Course		Course	
Session		Session	
Class Year		Class Year	
Student's Name		Student's Name	
Father's Name		Father's Name	
Student Mobile No.		Student Mobile No.	
Address		Address	
Tuition Fee		Tuition Fee	
Amount in Words		Amount in Words	
Date of Payment		Date of Payment	
Student Signature		Student Signature	
Type of Paid Fees - Cash / UPI		Type of Paid Fees - Cash / UPI	
If fee is deposited through UPI then payment details are as follows –		If fee is deposited through UPI then payment details are as follows –	
UPI Payment Details		UPI Payment Details	
UTR No. : _____		UTR No. : _____	
Date : _____		Date : _____	
Phone Pay / Google Pay / Paytm Mobile No. _____		Phone Pay / Google Pay / Paytm Mobile No. _____	
Authorized Signatory		Authorized Signatory	
College Copy		Student Copy	