SCHOLAR ACADEMY OF NURSING STUDIES

SANS *Communicate Expectations*

3rd Floor, Plot No. 13, Bhagwati Garden Main Road, Opposite Metro Pillar No. 781, Near Dwarka Mod Metro Station, New Delhi- 110059
Contact: 9667376516, 8368170262

Recent Photo
(Duly Signed)

STUDENT REGISTRATION FORM

Name of the Programme

Batch Name/ Date of commencement:

Name of the Candidate

Father's Name

Mother's Name

Gender: Male ☐ Female ☐ **Date of Birth** D D M M Y Y Y Y

Mobile No **Landline**

No.:

E-Mail Id:

Address for communication

City	
State	**Pin**

Educational Qualification:

Course	College	University	Passing Year	% of Mark
G.N.M.				
Basic B.Sc. Nursing				
Post Basic B.Sc. Nursing				
M.Sc. Nursing				
Under Study				

I hereby declare that the above information is true in my knowledge. The claim of refund of amount is subject to the decision of institute.

Signature of Candidate

OFFICE USE

Details of Fees Payment:

Amount Paid	Mode of Payment (Cash/ DD/ Transfer) (Mention the Detail of Payment)	Date of Payment	Balance Amount	Next Pmt. Time

Signature of Incharge