

**BHOPAL NURSING COLLEGE**  
**Bhopal Memorial Hospital & Research Centre**  
**Raisen By Pass Road Karond, Bhopal- 462038 (M.P.) India**

**Declaration Form**  
(Attach with application form)

**Declaration by student**

I have carefully read the details regarding the admission to the Post Basic B.Sc. Nursing course. I declare that the information provided by me in this application is true and correct to the best of my knowledge. Should it be found that the information furnished is untrue in material particulars, I know that I am liable for criminal prosecution and will forgo the allotted seat., the decision of the college is final and binding I am also aware that the College will not refund the fees either in full or in part, under any circumstances, If I intend to discontinue the course at any time after joining, I hereby undertake to pay the college fees and dues as applicable for the remaining years of the course.

Place \_\_\_\_\_

\_\_\_\_\_  
Signature of the applicant

Date \_\_\_\_\_

**Declaration by the Parent/Guardian**

(To be signed by the guardian only if both parents of the applicant are not alive)

I \_\_\_\_\_ hereby affirm that the information provided and enclosures submitted there to in this application of my son/daughter/ward \_\_\_\_\_ for admission to the Post Basic B.Sc. Nursing Course is true and correct to the best of my knowledge. Should it be found that the information furnished is untrue in material particulars, I know that I am liable for criminal prosecution and he/she will forgo for the allotted seat. I am aware that In all matters regarding his/her admission to the course, the decision of the college is final and binding. I am also aware that the College will not refund the fees either in full or in part, under any circumstances, If my ward decides to discontinue the course at any time after joining, I hereby undertake to pay the college fees and dues for the remaining duration of course.

Place \_\_\_\_\_

\_\_\_\_\_  
Signature of the Parent/guardian  
(If guardian, mention relationship)

Date \_\_\_\_\_