INDIAN INSTITUTE OF EDUCATION INDIAN INSTITUTE OF LEGAL STUDIES INDIAN INSTITUTE OF NURSING

Affiliated to H. P. University, Shimla HARI DEVI, GHANAHATTI, SHIMLA-171011

UNDER THE MANAGEMENT OF MATA BHAKTI DEVI WELFARE SOCIETY (Regd.)

ADMISSION FORM

M.Ed./B.Ed./B.C.A./JBT/M.Sc Chemistry, LL.B. (3-Years) / B.A. LL.B (5 Years), B.Sc. Nursing

(Please strike whichever is applicable)

Paste recent passport size photograph here

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1.	Name in full (Block Letters)				
2.	Date of Birth (in figures)				
	Aadhar No				
3.	Name of course applying				
4.	Father's Name				
	Occupation				
	Address				
	Mobile No				
5.	Guardian Name, Relationship				
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7.	Category (Gen./SC/ST/PH/CUL./S				
8.	Permanent Address				
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		•		nature of the Applicant				
DECL	ARATION BY THE AP	PLICANT AND THE	GUARDIAN:					
(a) I	declare that the entries made b	ry me in the form are correct	and to the best of my ki	nowledge. I am conscious ti				
	m of the entries are found to be	incorrect, my admission is	liable to be cancelled.					
(b) 1	have read carefully the handha	ook supplied by the college a	nd I undertake to abide	by the rules of the Institute				
(c) I	hold myself responsible for th	he payment of fees and other	er dues on the dates a	ccording to the schedule o				
1	nctituta							
(d) I	undertake that I shall not leave	e the course in the midstrea	m. In case the course i	s left in midstream by me I				
	langeit the remaining fee of who	ole course.						
(e) T	hat if I found indulging in ag	itation / ragging directly /	or indirectly the comp	etent authority (Principal)				
0	anel me from the college.							
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(f) I	declare that i have no claim a	gainst the order of the rustic	cation/expulsion from the	he Institute/University.				
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