

3. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the UGC Regulations mentioned above and as per the law in force.
4. I hereby affirm that I have not been expelled or debarred from admission by any institution.
5. I hereby affirm that I will not use alcohol / smoke/ substances which are harmful inside the college and hostel premises.

Signed this _____ day of _____ month of _____ year.

Place:

Signature of Student

UNDERTAKING BY PARENTS / GUARDIAN

1. I, Mr. / Mrs. _____, Father / Mother / Guardian of _____ have carefully read and fully understood the law prohibiting ragging and the direction of the Supreme court and the Central and State Government in the regard as well as the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.
2. I assure you that my son / daughter / ward will not indulge in any act of ragging.
3. I hereby agree that if he / she is found guilty of any aspect of ragging he / she may be punished as per the provisions of the UGC Regulations mentioned above and or as per the law in force.
4. If my ward left in the middle of the session, I am liable to pay the balance fees for all the whole course even if left in mid of the session..

Signed this _____ day of _____ month of _____ year.

Contact No:

E-mail ID:

Place:

Signature of Parent / Guardian



Estd: 2007

BRIGHT INSTITUTE OF MEDICAL TECHNOLOGY

(Managed by Bright Educational Charitable Trust, since 1986)

Plot No: 195, Prachi Enclave, Chandrasekharpur, Bhubaneswar-751016

Mobile: 9124183801, 8280056210, E-mail: brightnursingschool@gmail.com

ADMISSION FORM

DMLT

Session: 20_____/ 20_____

Affix Recent
Passport Size Color
Photograph

Instruction:

1. Fill in this form properly & legally in English with your own handwriting.
2. Incomplete form will not be accepted.
3. Candidates should read the rules and regulations during filling up the application.

1.	FULL NAME (In Block Letters)			
2.	Father's Name			
3.	Mother's Name			
4.	Parents Annual Income		5. Occupation	
6.	Sex		7. Blood Group	
8.	Nationality		9. Hostel	Yes No
10.	Date of Birth	D	D	M
		M	Y	Y
		Y	Y	Years
11.	Age			
12.	Category	SC	ST	OBC
				GENERAL
13.	Aadhar No.			
14.	Permanent Address	At:		Po:
		Via:		Block:
		Ps:		Dist:
		State:		PIN:
15.	Contact No.	Mobile:	Whatsapp:	
16.	Parents:	Mobile 1	Mobile 2:	
17.	E-mail ID:			
18.	Enquiry / Referred by:	Mobile No.:		
19.	Educational Qualification:			
	Sl. No.	Examination Passed	Year	Name of the Institute / College
				Name of the Board / University
				Marks Obtained
				Total Marks
				Percentage
1.				
2.				
3.				
4.				
20.	Mode of Payment:			
	1. Payment should be made through Cheque/ NEFT/RTGS mode only.			
	2. Fees Should be Paid Six Installments.			

DECLARATION BY STUDENT

Undertaking and pledge by the candidate:

- a) I hereby certify that the entries made by me in this form are correct to the best of my knowledge & belief and I have not concealed any information in any manner.
- b) I agree to observe and abide by all the rules and regulations of the institution in which I may be admitted including those with regard to the programme of studies, syllabus, scheme of Examination, Examination rules and the Hostel rules that may be laid from time to time by Bright Institute of Medical Technology during the period of my studies and I will not associate myself with any activity prejudicial to the discipline of institution.
- c) I fully understand that of any violation or infringement of those rules and regulations disciplinary action can be taken against by the authorities which may include cancellation of the candidature.
- d) I certify that I am not involved in any illegal activity and no criminal case is pending against me in any court of law.
- e) I understand that at any stage, it is found that I have provided any wrong information to seek admission my admission shall stand cancelled automatically and I shall have no claim whatever on the seat or the dues paid to the institution.
- f) I undertake to submit all the remaining documents (if any) within 15 days, otherwise my admission will be liable for cancellation.
- g) I am clearly aware that I can join only one program at a given point of time.

Signature of Student

DECLARATION BY THE PARENTS/GUARDIAN

- A) I hereby declare that I hold myself responsible for the good conduct and I have known a financial obligation.
- B) I can afford and undertake to pay the tuition and other fees payable to the institution under the rules of the college.
- C) I agree to the condition that on discontinuation of the course, I am liable for the payment of the entire course fee.

Signature of Parent / Guardian

CHECK LIST/ ENCLOSURES

(Attach Original Copies Only)

Note: Tick relevant box. Leave box empty if not applicable.

Sl.	Document	STUDENT	OFFICE
1.	Matric Certificate & Mark Sheet		
2.	+2 Certificate & Mark Sheet		
3.	CLC / Transfer Certificate of Last Examination Passed		
4.	Category Caste Certificate		
5.	Aadhar Card of the Student		
6.	Resident Certificate		
7.	Photographs (5 nos)		
8.	Income Certificate of the Parents		
9.	Ration Card of the Student _____		
10.	CM KISAN ID of the Parents _____		
11.	Any Other Relevant Documents		

Verified By Officer Name & Seal

Signature of Student

UNDERTAKING BY THE STUDENT

1. I, _____, Son / Daughter of Mr. /Mrs. _____ have carefully read and fully understood the law prohibiting ragging and the direction of the Supreme Court and the Central/ State Government in this regard.
2. I do hereby undertake that
 - a) I will not indulge in my behavior or act that may come under the definition of ragging.
 - b) I will not participate/ involved or propagate ragging in any form.
 - c) I will not hurt anyone physically / mentally or psychologically or cause any other harm.