SKY PARAMEDICAL & NURSING INSTITUTE

207-A. Pocket M, Sarita Vihar, Janta Flat, Delhi - 110076 9759730999, 9319987159

011- 41029072
9759730999,9319987159
skyparamedicalnursinginstitute@gmail.com
www.skyparamedical.com
207-A Pocket M Sarita Vihar Janta Flat
New Delhi-110076

Student's Name in Capital Letter .....

Father's Name .....

Mother's Name .....

Permanent Address .....

.....

Student

Affix your recent photo (size 2"x1.5") self attested. Photograph should be pasted with gum and not stapled or pinned.

Father's Occupation ..... Annual Income .....Contact No. .....

Student's Mob. No. .....Aadhar Card No. .....

Cast ☐ General ☐ OBC ☐ SC ☐ ST ☐ Other

Student's Email ID ..... Local Guardian's Name .....

Address..... Contact No. .....

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

Nationality ..... Place of Birth.....Blood Group.....

I certify that I have furnished the necessary information/documents.

I agree with the rule and terms of the institute. I shall abide by all the rule and regulation of the institute and shall maintain the discipline and decorum of the institute. Deposited fee will not be refundable in any condition. Reg. will be canceled within 10 Absent Days. Reg. fee is applicable for only first 3 day from batch date. It has been told to me there is no provision of paramedical regd. in any state. SKY role is only admission guidance and support student has to take proper class in the college if students did not attend the class SKY will not be responsible any kind of inconvenience. SKY is also not giving any kind of pass guarantee committment.

Date. ..... Parent Signature Signature of Student

.....

OFFICE USE ONLY

Course Name. ..... Batch No. .....

Course Fee ..... Course Duration .....

Joining Date ..... Batch Time .....

FEE DETAILS

Date	Amount	Signature

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9759730999, 9319987159, 11 4102 9072

Academic/Corporate/Industrial Treup With Ugc, Govt. Approved University / Nursing & Paramedical School / Collage

We Herby Declare That We Have Received Documents

Candidate Name ..... Address .....

..... For Admission In .....

Candidate Contact Number ..... Email id .....

S.NO.	DOCUMENT NAME	YES (Tikk Mark)	NO (Tikk Mark)	PHOTO COPY (Tikk Mark)	ORIGNAL (Tikk Mark)
1	10th Marksheet				
2	12th Marksheet				
3	Aadhar Card				
4	10 Photo (Pasport Size)				
5	First Year Marksheet				
6	Second Year Marksheet				
7	Diploma Certificate				
8	Cast Certificate				

Consent Form Sign. Yes ☐ No ☐ Registration From Yes ☐ No ☐

Scholarship Apply Yes ☐ No ☐ Emi Option Yes ☐ No ☐

Bihar Credit Card Yes ☐ No ☐

Letter Received Card For Original Acceptance Yes ☐ No ☐

Nursing Council Registration Certificate Yes ☐ No ☐

Document Process

Migration /living Certificate Orignal ☐ ☐ Experience Certificate ☐ ☐

Nursing Council Registration ☐ ☐ Training Certificate ☐ ☐

Transcript Certificate ☐ ☐ Provisinol Certificate ☐ ☐

Orignal Certificate ☐ ☐ Paramedical Registration ☐ ☐

Auth. Sign.

Candidate Sign.

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EXAM CENTER KARNATKA & BANGALORE

NAME OF CANDIDATE	
COURSE NAME	
PER YEAR FEE	
CENTER MANAGEMENT	
ONLINE CLASS	
OFFLINE CLASS	
FOOD	
TICKET	
LODGING	

15000/- PAY AFTER COMPLETION OF GNM INTERNSHIP FEE

AUTHORIZED	PARENTS SIGN	CANDIDATE SIGN

□□□ .....

मुझे ये सूचित कर दिया गया है कि मेरे. Original Document GNM के लिए जमा किया जा रहे है । कोर्स की पूरी जानकारी के बाद एडमिशन ले रहा हूँ / रही हूँ । अथवा मैं किसी के दबाव में आकर एडमिशन नहीं रहा हूँ / रही हूँ / मेरा तीन वर्ष का कोर्स है / तथा मेरा कोर्स पूरा होने के बाद ही मुझे मेरे Original Document दिए जायेंगे ,अगर कोर्स पूरा होने से पहले मैं कोर्स छोड़ना चाहता हूँ /चाहती हूँ ,तो कोर्स के 3 वर्ष की पूरी राशी मुझे देनी होगी और में ये भी सूचित करना हूँ / करती हूँ ,कोर्स की पूरी जानकारी मुझे पूर्ण रूप से दे दी गयी है । कोर्स क बाद Original Documents उपलब्ध करने में 2 या 3 महीने या उससे भी ज़्यादा का समय लग सकता है ये College और University पर निर्भर करता है अगर अपने कोर्स पूरा कर लिया तो फीस वकाया हुई तो Nursing की Original Mark sheet नहीं दी जाएगी ।मेरा एडमिशन University में हो चूका है क्लास लेना नहीं लेना मेरे ऊपर निर्भर करता है

Sky Paramedical And Nursing Institute का काम सिर्फ Admission करना है । अगर आप किसी भी तरह की ग़लत क्रियाओ , Criminal Activity या कोई भी ग़लत काम में शामिल होते है , तो उसके जिम्मेदार आप खुद होंगे । स्काई पैरामेडिकल एंड नर्सिंग इंस्टिट्यूट (Sky Paramedical And Nursing Institute)का उससे कोई लेना देना नहीं होगा ।

Name. .....

Father/Mother's Name .....

Address.....

Student sign.....

Place & Date:- .....

Parent's Sign

Auth Sign

UNDERTAKING CUM DECLARATION

I, Mr./Ms. _____ _____, Son/Daughter/Wife of _____, residing at _____, hereby declare that I have voluntarily applied for admission to the _____ (Course Name) through **SKY Paramedical and Nursing Institute**.

I have carefully read, understood, and voluntarily accept the following terms and conditions:

1. Admission Guidance

I understand and acknowledge that **SKY Paramedical and Nursing Institute** is an **Admission Guidance & Counselling Center**. The Institute provides guidance and assistance only for admission to **UGC/Competent Authority approved/recognized Universities and Colleges**, subject to the eligibility criteria of the respective University/College.

2. Course Fee

I have been fully informed about the duration of my course and the fee payable to the Institute. I understand that the fee paid to SKY Paramedical and Nursing Institute is only for admission guidance, counselling, admission processing, and assistance in obtaining the year-wise marksheets issued by the concerned University during the prescribed course duration.

3. Marksheet

I understand that the concerned University will issue marksheets according to the duration of my course. SKY Paramedical and Nursing Institute shall assist only in obtaining the marksheets issued by the University.

4. Certificates and Other Documents

I understand that if I require any additional documents from the University, including but not limited to:

- Diploma Certificate
- Degree Certificate
- Migration Certificate
- Provisional Certificate
- Original Certificate
- Transcript
- Verification
- Duplicate Documents
- No Objection Certificate (NOC)
- Any other certificate or document issued by the University

I shall be solely responsible for submitting the required application and paying the prescribed University fee. Such charges are **not included** in the fee paid to SKY Paramedical and Nursing Institute.

5. University and Government Policies

I understand that the concerned University, UGC, AICTE, PCI, INC, State Government, Central Government, or any other competent statutory or regulatory authority may amend, revise, or change its rules, regulations, fee structure, examination system, syllabus, academic policies, recognition status, admission process, document issuance process, or any other educational policy from time to time.

Any such changes shall be governed solely by the policies and regulations of the respective University or Government authority. **SKY Paramedical and Nursing Institute shall not be responsible or liable for any such changes, delays, decisions, or consequences.**

6. Limited Responsibility of the Institute

I acknowledge that SKY Paramedical and Nursing Institute is only an **Admission Guidance & Counselling Center**. Its responsibility is limited to providing admission guidance, counselling, and assistance in the admission process. The Institute has no authority to make or modify any University rules, regulations, examination schedules, academic policies, fees, recognition status, or issuance of certificates/documents.

7. Voluntary Declaration

I confirm that I am taking admission of my own free will and without any pressure, coercion, or undue influence. All terms and conditions have been explained to me, and I have understood them completely before signing this Undertaking.

I further declare that I shall not hold SKY Paramedical and Nursing Institute responsible for any decision, delay, modification, or policy change made by the concerned University or Government authorities. I agree to abide by all applicable rules and regulations of the respective University.

Student's Name: _____

Father's/Mother's Name: _____

Course Name: _____

University Name: _____

Mobile Number: _____

Address: _____

Date: ____ / ____ / _____ **Student's Signature:** _____

Parent/Guardian Consent

I, _____, being the Parent/Guardian of the above-mentioned student, have read and understood all the terms and conditions mentioned in this Undertaking and hereby give my consent.

Parent/Guardian Name: _____

Mobile Number: _____

Parent/Guardian Signature: _____

SKY PARAMEDICAL AND NURSING INSTITUTE

Authorized Signatory

Name: _____

Signature & Seal