

Declaration by the Student

I, Mr./Ms. (Student's Name & Address)
....., S / D of Shri

do hereby declare that the scanned copies of the following documents submitted for admission to the BSc Nursing programme in Amrita College of Nursing, AIMS, Kochi are original and true to the best of my knowledge and belief.

1. Mark list of Higher Secondary or equivalent examination (Plus Two Mark list)	2. SSLC or Birth Certificate issued by the concerned Authority (Proof of Date of Birth)
3. Transfer Certificate (TC)	4. Conduct Certificate
5. Aadhaar Card	6. Student's Declaration

I, assure that the original certificates in the physical form shall be submitted to the Admission office, Amrita Healthcare Campus, Kochi any time the college authorities demands it. I understand that after successful payment of first year course fees (Tuition Fees + Other Fees) by RTGS within 48 hours of my seat allotment through online counseling, is provisional, and permanent admission will be given only after physical verification of all original certificates/documents. I understand that, any discrepancy found in my submitted certificates/documents, may lead to the cancellation of my admission and I shall not claim on my admission in future.

I, understand that any malpractice such as forgery of certificates, impersonation etc., shall result in the cancellation of my admission and the same shall lead to appropriate legal proceedings both civil and criminal.

Date :

Signature:

Place:

Name of the candidate:

Declaration by the Parent/Guardian

I, Shri./Smt. (Name of the Parent/Guardian)
(Permanent Address).....,
(relationship with the candidate) of Mr./Ms. (Name of student)
....., do hereby declare and affirm that the statements made herein above are correct, complete and truly stated to the best of my knowledge.

I, understand that any malpractice such as forgery of certificates, impersonation etc., shall result in the cancellation of his/her admission and the same shall lead to appropriate legal proceedings both civil and criminal.

Date:

Signature:

Place:

Name of the Parent/Guardian: