Alpine Institute of Medical Science & Hospital

NH-9 Gram-Patan, Lohaghat Dist.- Champawat, Uttrakhand-262524
Email.id- aims.champawat@gmail.com Contact no- 7906279040, 9936285073

Form No:

ADMISSION FORM

Recent Passport size photograph

Signature in the box

Session: 20___20___

FOR OFFICE USE ONLY

Course Name: _____

Application form No._____ checked & verified. Candidate is permitted to appear in examination on _____ Entrance examination Fee_____

Received vide Receipt no._____Dated:___/___/_____

Admission Officer Incharge_____

Name of the Student (CAPITAL LETTER) (Leave a blank space between first, middle & Last Name)

Date of Birth D D M M Y Y Y Y

Student Contact No.

Gender: Male/Female/Others

Father's Name

Mother's Name

Nationality: **Religion :** **Category :** ***General / SC / ST / OBC***

Father's Mobile Number

Mother's Mobile Number

Blood Group

Email Id. (Write in Bold & Clear Manner)

Aadhaar Card Number

Permanent Address

Correspondence Address

ACADEMIC QUALIFICATION

Examination Level	Board/University	Subjects	Percentage	Yr. of passing
10th				
12th				
UG				
PG				

Declaration: I hereby declare that all the particulars stated in this application form are true to the best of my knowledge and belief. If admitted, I will abide by the rules and regulation of the Institute and will not associate my self with any union. I will make sure to deposit my/my ward's fee on or before the due dates as per institute notification.

Date: ___/___/_____ **Student's Signature** **Parents/Guardian Signature**

ATTENTION APPLICANTS:

Before you submit this form, Please check that the following are attached:

01. Application fee of 1,500/- cash/ UPI/RTGS etc.
02. Application form dully filled by the candidate and send along with the documents.
(a). Self Attested copies of Pass Certificate of 10th Class or equivalent examination.
(b). Self Attested copies of Marksheet of 10th Class or equivalent examination.
(c). Self Attested copies of Pass Certificate of 12th Class or equivalent examination.
(d). Self Attested copies of Marksheet of 12th Class or equivalent examination.
03. Self Attested copies of OBC/SC/ST Certificate.
04. Registration if applying for Post Graduate.
05. Degree/Diploma if applying for Post Graduate.
06. Experience certificate if applying of Post Graduate.
07. 10 passport size color photograph with front view.
08. Migration /SLC/Transfer Certificate.
09. 10 self addressed envelope stamped 5/-each).
10. 03 Affidavit 100/-each).
11. Self Attested copies of Aadhaar Card.
12. Self Attested copies of Domicile Certificate.
13. Medical Certificate (if any).

Note: Kindly come along with all Original Documents at the time of counseling (Interview).

JOINT DECLARATION BY THE APPLICANT AND THE PARENT/GUARDIAN :

01. I declare that I have carefully read the instructions and the entries made by me in this form are correct to the best of my knowledge and nothing has been concealed.
02. I undertake to observe proper standards of academic conduct.
03. I shall abide by the prescribed course of study and the modes of examination which may prevail from time to time. It will be my whole responsibility to go thought the course ordinances, which may be changed by the university from time to time.
04. I undertake to fulfill mandatory 75% attendance in the course of study, failing which I will not be allowed to appear in the Sessional/University examinations, since I would not become eligible for the same.
05. I shall abide by the rules and regulation that may be framed by college/ university from time to time.
06. I shall faithfully carry out the instructions issued by the authorities of the college.
07. I hold myself responsible for due and prompt payment of fee and all other dues per prescribed a dates by the college.
08. I understand that my admission is liable to be cancelled if any of the statement furnished above by me is found to be incorrect and or I am found indulged in any illegal or in disciplinary activities.
09. I understand that I cannot concurrently be enrolled for more than one full time course of studies.
10. I understand that I cannot withdrawal from the courses in between. If so I have to pay fee for <u>FULL</u> Course.

_____ _____

Student's Signature Parent's / Guardian Signature

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SESSION

IDENTITY CARD

Course Name: _____

Recent Passport size photograph

Name of the Student (CAPITAL LETTER) (Leave a blank space between first, middle & Last Name)

Date of Birth

D D M M Y Y Y Y

Student Contact No.

Gender : Male/Female/Others

Father's Name

Mother's Name

Email Id. (Write in Bold & Clear Manner)

Blood Group

Permanent Address

Correspondence Address

Student's Signature

TERMS & CONDITION:

- **ID Cards are the property of the AIMS COLLEGE & Hospital . Any misuse, defacement, modification, alteration, tampering, or deliberate damage to an ID Card and any falsification, forgery, fraudulent or illegal use of an ID Card may be subject to appropriate disciplinary action. The AIMS COLLEGE & Hospital will refer suspected violations of law to appropriate law enforcement authorities.**
- **ID Cards are non-transferable. Only the individual to whom the card is issued is eligible to use the ID Card for authorized purposes. Cardholders may be subject to a fee for the replacement of a lost or stolen card.**
- **No department, office, employee, student, or associate of the AIMS COLLEGE & Hospital may hold another individual's ID Card as collateral or security.**
- **The AIMS COLLEGE & Hospital assumes no responsibility for the misuse of an ID Card.**
- **The card is subject to confiscation if found in possession of another person.**
- **If found, please return the card to the ID Card Operations / Support.**
- **Wear ID card everyday its mandatory.**
- **Right information should be in ID card.**

Declaration:

I declare that the information provided is true to the best of my knowledge. I have read and understood the conditions of continuous legal education scheme and agree to abide by it, if I am selected under the scheme.

Place: _____

Date: _____

Student Name: _____

Student's Signature

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SESSION

LIBRARY MEMBERSHIP FORM (STUDENT)

Recent Passport size photograph

Course Name: _____

Name of the Student (CAPITAL LETTER) (Leave a blank space between first, middle & Last Name)

Date of Birth

D D M M Y Y Y Y

Student Contact No.

Gender : Male/Female/Others

Father's Name

Mother's Name

Email Id. (Write in Bold & Clear Manner

Permanent Address

Blood Group

Correspondence Address

Aadhaar Card Number

Librarian Signature

Student Name:_____

Place :_____

Date: ___/___/_____

ATTENTION APPLICANTS:

- **Students using the library shall enter his/her name, class and time of entry legibly and sign in the register kept for the purpose.**
- **Strict decorum and discipline must be maintained in the library.**
- **Use of cell phone is not allowed. If readers wish to keep them while using the library, it must be switched off.**
- **Eating, sleeping and talking loudly are strictly prohibited in the library.**
- **Non- members can use the library resources in the library premises with the permission of the Librarian.**
- **Readers must not take sticks, umbrellas, boxes and other such articles into the library.**
- **Readers should not mark, underline, write, or tear page.**
- **Readers are requested to handle all library property carefully to avoid damage to it and also not to disturb other readers.**
- **No library material can be taken out of the library without permission of librarian.**
- **Issued books have to be return within 07 days and borrower should check the fitness of the document before getting it issued.**
- **If a book is not returned within the borrowing period and Late fee Rs 10 per day per book would be charged from all the borrowers who retain books beyond the due date.**
- **The borrowers are advised to return the books/documents while proceeding on long holidays.**
- **If the book have been lost you have to pay 02 times of the book cost or buy a new edition and return it ASAP.**

Declaration:

I declare that the information provided is true to the best of my knowledge. I have read and understood the conditions of continuous legal education scheme and agree to abide by it, if I am selected under the scheme.

Place: _____

Date: _____

Student Name: _____

Student's Signature

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Form No:

SCHOLARSHIP FORM

Recent Passport size photograph

Course Name: _____

Signature in the box

Name of the Student (CAPITAL LETTER) (Leave a blank space between first, middle & Last Name)

Date of Birth D D M M Y Y Y Y

Student Contact No.

Gender : Male/Female/Others

Father's Name

Mother's Name

BANK ACCOUNT NUMBER

IFSC CODE

Category *General / SC / ST / OBC*

Aadhaar Number

Permanent Address

Correspondence Address :

ACADEMIC QUALIFICATION

Examination level	Board/University	Subjects	Percentage	Yr. of passing
10th				
12th				

TERM & CONDITION:

Most scholarships require supporting documents in a prescribed format as proof for all academic and personal information stated in the application and the important information that is necessarily required to apply for the scholarship. These may include, but aren't limited to, the following:

- **Only Other Backward Classes Post Matric Scholarship Fund Limited Scheme, so under this scheme, & Uttarakhand Council of Technical Education. ETCN/.I.C.M./ETC.LA. etc. Only such students studying in the courses will be benefited whose Admission should be done through counseling and not through management quota.**
- **Parents and guardians of SC/ST students Family annual income from all sources Rs. 2,50,000/- (Rupees two lakh fifty thousand only), parents and guardians of OBC students from all sources Family annual income Rs 1,50,000/- (Rupees one lakh fifty thousand only)**
- **Self Attested Marksheet & Certificate of High School.**
- **Self Attested Marksheet & Certificate of pervious year.**
- **Domicile/permanent residence Certificate.**
- **Income Certificate issued by the designated state.**
- **Caste Certificate (SC/ST/OBC/EBC/Minority).**
- **Self declaration certificate of minority.**
- **Counseling Letter.**
- **Bonafide Certificate to be issued by the Registrar/Principal of the Institute.**
- **Fee Receipt of current year.**
- **Student bank passbook details.**
- **Aadhaar Card**
- **E-mail ID**
- **Student Mobile Number**
- **Student Photograph**

Declaration:

I declare that the information provided is true to the best of my knowledge. I have read and understood the conditions of continuous legal education scheme and agree to abide by it, if I am selected under the scheme.

Place: _____

Date: _____

Student Name: _____

Student's Signature **Parent's Signature**

Affidavit /Declaration

I..... Son / Daughter of Mr/Mrs.....
Address.....
I am a student of course..... for session 20__ 20__ year in Alpine Institute of Medical Science & Hospital (NH-9 Gram Patan, Lohaghat, Dist. - Champawat (Uttarakhand). I have applied for scholarship for the session 20___-20___ . In which all the information given by me is true and correct. In future, if any error or inaccuracy is found in the information given by me, I will be responsible for the same. For which whatever action is taken by the social welfare, I will be fully committed to it.

Signature of Student
Name:
Course:
Adhaar No.
Address & Whatsapp Contact:

Parent's / Guardian Signature

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SESSION

BUS PASS

Recent Passport size photograph

Course Name: _____

Name of the Student (CAPITAL LETTER) (Leave a blank space between first, middle & Last Name)

Date of Birth

D D M M Y Y Y Y

Student Contact No.

Gender : Male/Female/Others

Father's Name

Mother's Name

Local Guardian Name

Father's Mobile Number

Mother's Mobile Number

Blood Group

Local GuradianMobile Number

Email Id. (Write in Bold & Clear Manner

Permanent Address

Correspondence Address

Aadhaar Card Number

Particular Route : From

Particular Route : To

Via

***TERM & CONDITION*:**

- **The bus pass is not transferable.**
- **Student has to present his/her bus pass before boarding the bus. If the student does not produce the bus.**
- **Students are not allowed to board the bus other than the one allotted to him/her. Every student should board at their given boarding point only.**
- **Bus will not wait for any student coming late to the bus stop you have to reach bus stop before 05 minutes.**
- **The student indulged or involved in any kind of indiscipline in bus or misbehaved with driver/ staff/ students, his/her pass may be cancelled.**
- **The student will have to pay Rs.200/ for the replacement of lost bus pass and get the duplicate pass.**
- **The student may lodge complaint with principal for any issues related to the transport in written. Further the students shall not engage in an argument with driver, fellow students or staff members. Such an act would be constructed as indiscipline.**
- **Students and parents are here by informed that the transportation department may not be in a position to drop the students in the regular stops but dropped at the nearest point to your stage during examinations, exams, guest lectures, additional classes for the selected sections, fests, etc.**
- **No recommendation letters for fee waiver/concession/ installment payment and temporary/ one way bus pass facility, etc. will be entertained.**

Declaration:

I declare that the information provided is true to the best of my knowledge. I have read and understood the conditions of continuous legal education scheme and agree to abide by it, if I am selected under the scheme.

Place: _____

Date: _____

Student Name: _____

Address: _____

_____

_____

Student's Signature **Parent's Signature**

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MEDICAL CERTIFICATE OF FITNESS

SESSION _____

Recent Passport size photograph

I have examined.....
Son / Daughter of Shri.....
aged.....Years, of Village:.....
P.O..... P.S.....Dist.....
State.....PIN..... and certify that, he / she is free from deafness, defective vision (including colour vision) or any other infirmity, mental or physical, likely to interfere with the efficiency of his / her work and found him / her possessing good health.
This certificate is being given to him /her for the purpose
of.....

signature of Candidate

(to be signed in presence of the Medical Officer)

Signature of Medical Officer:.....
Name of Medical Officer: Dr. .....
Registration No.....

Dated:___/___/____

Seal

Note: Medical certificate granted by a qualified medical practitioner holding at least M.B.B.S. Degree and registered with Medical Council of India, shall only be valid. The date of issue of the medical certificate should be within one year from the date of application.

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SESSION

ANTI-RAGGING FORM

Recent Passport size photograph

Course Name: _____

Name of the Student (CAPITAL LETTER) (Leave a blank space between first, middle & Last Name)

Date of Birth D D M M Y Y Y Y

Student Contact No.

Gender : Male/Female/Others

Father's Name

Mother's Name

Email Id. (Write in Bold & Clear Manner

Aadhaar Card Number

Blood Group

Permanent Address

Correspondence Address

Student Name:_____

Place :_____

Student's Signature

Date: ___/___/_____

AFFIDAVIT

I, Mr.....Father /Husband of Mr/Ms/Mrs..... hereby declare that my ward has taken admission in.....course at Alpine Institute of Medical Science & Hospital in session 20__20___ on the following conditions as explained by the authorities of the College.

I am clearly explained that my ward:

1. **Shall not indulge him/ herself in any act of ragging. If found being a part of any action pertaining to the ragging of Senior, Junior or batch mate, the College has full rights to expel him/her out of the college and in this case I have to pay the fee for the FULL/ALL Years Course.**
2. **Is not allowed to discontinue the course in between, no matter of any reason except in case of the demise of the candidate. In case of continuing the course is inevitable, and then it can be done by paying fee of full Year course.**
3. **Shall abide by the rules and regulations of the College and the Hostel. He/ She will display highest discipline and obedience failing in which the institution is free to take any disciplinary action against him/ her.**
4. **Shall fulfill the minimum attendance 80% criteria laid down by the apex bodies both in clinical and theory, which shall make him eligible to appear for final Examination. If the case is so, he/she has to compensate the clinical or theory hours to be able to sit for the examination next time.**
5. **Shall not indulge in any type of anti- management, antisocial and anti institutional activity like strikes, dharnas, leaking the confidential information of the college to the outside sources. In that case the management Alpine Institute of Medical Science & Hospital (NH-9 Gram Patan Lohaghat dist. Champawat Uttrakhand), reserves all the rights to take action against him/ her whatsoever is appropriate in accord to the act.**
6. **Shall pay the fee within the stipulated time frame and date released by the institution.**
7. **Shall not indulge in any criminal, antisocial activity, drug abuse, use of social media to spread any fake news or its misuse in any other way.**
8. **All the documents produced by ward as requirement to get admission in to this course are true and are issued by the competent authority. There is no hiding and concealing of facts and information. At any point in time if the institution comes to know that there is any fraudulence involved then it preserves all rights to cancel the admission. In that case my ward has to pay fee for the FULL course.**
9. **I and my ward have read and understood the above said terms and conditions clearly and full senses and we accept every condition wholeheartedly, willingly and without any pressure.**

Student's Signature

Student Name: _____

Course : _____

Parent's Signature

Name: _____

Relation: _____