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📍 Umtrew,Block -1, Near Umsning bypass,
Ri-Bhoi District, Meghalaya. 793105

■ Educational Qualification

Class	Stream	Board	Year of passing	Marks	Percentage/ Grade
10th					
12th					

Medical history

a) Have you had any major illness in the past?

b) If yes, give details

c) Any known Allergies

d) Vaccination given

■ Declaration

I hereby certify that the information above is true to the best of my knowledge and belief. I promise to abide by the rules and regulations of the college, in all matters of discipline vide rules in the college prospectus or as may be changed from time to time. I, further declare that if any information is found to be false at a later date on verification, I will be liable to forfeit my seat and will abide by the rules of the institution at whatever stage of study I may be in, besides making me liable for criminal prosecution. I shall abide by the rules and regulations of the admission and the institution to which I get admitted

Place/Date

Signature of the Applicant

Signature of the Parent/Guardian

■ Admission Form

St.Joseph's Academy of Nursing
Umtrew,Block -1, Near Umsning bypass,
Ri-Bhoi District, Meghalaya. 793105

DOCUMENTS REQUIRED

List of documents to be submitted

1. 10th marks sheet
2. 12th marks sheet
3. Transfer certificate
4. Conduct Certificate
5. Migration Certificate (Other States)
6. Four Passport size photos
7. Medical Fitness Certificate
8. ST/SC Certificate
9. Date of Birth Certificate

NOTE* INCOMPLETE OR INCORRECTLY FILLED APPLICATION FORMS OR NOT SATISFYING ELIGIBILITY CRITERIA OR FORMS WITHOUT REQUIRED FEES WILL BE REJECTED. APPLICATION FEES WILL NOT BE REFUNDED

■ Parent Declaration

I have read the prospectus and accept it. I agree to the applicant's admission to the course, i shall be responsible for the payment of his/ her fees and charges. I Shall be responsible for his/ her conduct, behaviour, 80% attendance in each subject and ensure that he/ she abides by the college regulations. I understand fees once paid will not be refundable and I understand the responsibility for the payment of all his/her dues, if any, to the institute.

Place/Date

Signature of the Parent/Guardian