



ARYABHATTA KNOWLEDGE UNIVERSITY, PATNA

(State University Estd. By Bihar Act 24, 2008)

Application for Nursing Admission Test (ANAT 2019)

[WRITE IN BLOCK LETTERS ONLY IN OWN HAND WRITING AND TICK THE APPROPRIATE BOX]

Applied for the course

<input type="checkbox"/> Basic B.Sc Nursing	<input type="checkbox"/> Post Basic B.Sc Nursing	Session	2	0	Y	Y	--	2	0	Y	Y
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Personal Information

(As per Class X or Equivalent Marks Memo)

1. Candidate's Name

2. Father's Name

3. Mother's Name

4. Date of Birth

D	D	M	M	Y	Y	Y	Y
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5. Gender MALE FEMALE

6. Category GENERAL SC ST EBC/BC-I BC/BC-II PH/PWD

7. Whether belong to Minority? Yes No

8. Martial Status Married Unmarried

9. Nationality INDIAN OTHERS

10. Aadhaar No.

Correspondence Address

11. Correspondence Address

<input type="text"/>	District :	<input type="text"/>	Pincode :	<input type="text"/>	
	State :	<input type="text"/>			
	Email ID :	<input type="text"/>			
	Mobile No :	<input type="text"/>			

Permanent Address

12. Permanent Address :

<input type="text"/>	District :	<input type="text"/>	Pincode :	<input type="text"/>	
	State :	<input type="text"/>			
	Email ID :	<input type="text"/>			
	Mobile No :	<input type="text"/>			

Details of Fee

13. DD Number / Paytm Order ID	DD/Paytm Date	DD/Paytm Amount	Issuing Bank Name & Branch						
<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y				

Note: Please enclose the DD along with the Application, mentioning Your Name and Application Number on the reverse/back side of the Demand Draft.

Academic Details

14. Academic Details	Name of Board	Passing Year	Percentage/CGPA									
a) 10th/Matriculation	<input type="text"/>	<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	Y	Y	Y	Y	<table border="1"><tr><td></td><td></td><td>.</td><td></td><td></td></tr></table>			.		
Y	Y	Y	Y									
		.										
b) 12th/Intermediate	<input type="text"/>	<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	Y	Y	Y	Y	<table border="1"><tr><td></td><td></td><td>.</td><td></td><td></td></tr></table>			.		
Y	Y	Y	Y									
		.										
c) Any Others	<input type="text"/>	<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	Y	Y	Y	Y	<table border="1"><tr><td></td><td></td><td>.</td><td></td><td></td></tr></table>			.		
Y	Y	Y	Y									
		.										
d) If Applied for Post Basic B.Sc Nursing*		N R C Registration Number <input type="text"/> <small>Nurses Registration Council (N R C)</small>	Whether internship Completed ? <input type="checkbox"/> Yes <input type="checkbox"/> No									

15. Photograph

Paste Your Recent Color Camera Facing Passport Size Photo

Signature of Applicant

DECLARATION: I here by declare that all the particulars stated in this application are true to the the best of my knowledge and belief. I shall abide by the rules and regulations of AKU from time to time. In the event of submission of incorrect or untrue informations at the time of registration or in future, my admission will be liable for cancellation. Further I understand that my admission is purely provisional and subject to the fulfilment of the eligibility conditions. I agree to receive SMS on my Mobile/Email from AKU.

SIGNATURE OF THE APPLICANT

SIGNATURE OF THE PARENT/GUARDIAN