



**12. Details of Registration Fee (₹500/-)**

DD Number	DD Date	DD Amount	Issuing Bank
		₹500/-	

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

**Note:** Write your Name and Application number on the reverse side of the Demand Draft and enclose it to the filled-in application. Send the same to the Principal, GITAM Institute of Nursing, GITAM (Deemed to be University), Gandhi Nagar Campus, Rushikonda, Visakhapatnam – 530 045, Andhra Pradesh.

**Declaration:**

I hereby declare that all the particulars stated in this application are true to the best of my knowledge and belief. I have not suppressed any facts or vital information. In the event of submission of incorrect or untrue information at the time of registration or in future, my admission is liable for cancellation. I shall abide by the rules and regulations of GITAM (Deemed to be University) from time to time. Further, I understand that my admission is purely provisional and subject to the fulfillment of the eligibility conditions.

**SIGNATURE OF THE PARENT/GUARDIAN****SIGNATURE OF THE APPLICANT****Enclosures to upload:**

1. DD / Online payment acknowledge of Rs. 500/-
2. B.Sc. Nursing Degree certificate
3. B.Sc. Nursing 1st to final year pass marks memos
4. RN & RM certificates by State Nursing Council
5. Minimum One year experience certificate in critical care units.