



# SHINE-Abdur Razzaque Ansari Institute of Health Education & Research Centre

OINA, IRBA, RANCHI (JHARKHAND)

Website : www.shineedu.net, Email : shineknowledge.valley@gmail.com

Phone No. : 7209066503 / 504 / 505

## STUDENT FEE CONSIDERATION FORM

PRICE

CONSIDERATION NO.

Sl No. :

Date :

Name of the student :

Session/Roll :

Course :

Ref to any :

Tuition Fees : Full/Part :

Other Fees :

No. of days granted :

From

To

(Special consideration if any)

Amount to be considered :

How much paid :

Payment details : Mention DD.No.

Cash/Challan/Cheque No.

Time taken for part payment, please mention date :

Reason for consideration / proof : (to be attached):

### Please Note :

- a. The maximum grace period for fee consideration form in 25 days for one (1) consideration; and students can apply for consideration within 5 days of their due date ...
- b. Students can avail this form/facility for only 3 time in a academic year except in the case of an extreme emergency, for which you will have to give valid and authentic proof;
- c. No of time this form availed : **1st Time, 2nd Time, 3rd Time, Exigency, special consideration (with proof)**
- d. Please keep a xerox copy of this form safely for future references and verification;

**Fine to be charges @**

INR 100/- per day for the 1st week

INR 200/- per day for the 2nd week

INR 500/- per day from the 3rd week onwards

**Guardian/Parent Signature**

**Applicant's Signature**

\* I am fully aware of the date and amount considered and will comply with the said mentioned date, and if there is still delay in paying the fees, fine may be charges as per college norms to which I agree fully.

## FOR OFFICE USE ONLY

**NOTE, IF ANY :**

**COMMENT, IF ANY :**

**Secretary / Principal**



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Course

## ADMISSION FORM

Sl No.

### Section I

College Registration No. : ..... Date : .....

Session : ..... Year : ..... Branch : ..... Adm. No. ....

Name if full (Block Letters) : .....

Contact No. (1).....(2)..... Name & Add. of Father / Guardian / Mobile No. ....

## Accounts/Cash Section

### Section II

### PAYMENT DETAILS

Admission Fees : ..... Tuition Fees ..... Hostel+Mess Fees (Q) ..... Paid in full/installment

Paid in cash/DD/Challan .....

\*For DD and challan please mention the DD no and challan no alongwith the drawee bank and date : .....

Note : All fees to be paid in DD. The DD should be in favour of SHINE A.R.A.I.H.E & R.CENTRE payable at Ranchi

Accounts Office

Auth. Sign.

Contact Person (Mr. Aftab Alam)

For student paying in installments kindly fill the fee consideration form, which can be had from the reception.

## Checklist of Documents

### Section III

(To be submitted at the time of admission)

1. Affidavit  Y  N
2. Certificate & Mark sheet of Matriculation & Intermediate  Y  N
3. School & College Leaving Certificate  Y  N
4. Admit card of Matriculation & Intermediate.  Y  N
5. Aadhar card copy.  Y  N
6. Caste, Income & Residential Certificate.  Y  N
7. Two set of fresh photo copy of all documents.  Y  N
8. Six (6) recent color passport sized photographs.  Y  N
9. Submit your original documents.  Y  N
10. Medical Fitness certificate  Y  N

Auth. Sign.

Contact Person (Ms. Pooja & Mr. Masoom)

## Hostel/Accomodation

### Section IV

Date of Reporting in Hostel : ..... Floor : ..... Room No. .... Bed No. ....

Student Sign./Date

I fully understand the rules and regulations of the hostel, and I will abide by the said rules.

Warden/Auth. Sign.

Contact Person (Ms. Pooja)

## Undertaking

### Section V

I fully understand that the admission has been fair based on written test and interview and there has been no irregularity of any unfair means or practices

Student Sign./Date

The following student has been provisionally admitted to course / session .....

Date of Reporting in College : .....

Secretary/Principal/Auth. Signatory & Date

## ADMISSION SLIP PROVISIONAL

### Section VI

Sl No.

## SHINE-ABDUR RAZZAQUE ANSARI INSTITUTE OF HEALTH EDUCATION & RESEARCH CENTRE

Name : ..... College Adm. No. .... Course .....

Branch ..... Semester ..... Session ..... Date of Adm. ....

\* Affidavit from your local court must be submitted at the time of admission or the admission will not be considered confirmed.

College Seal

Secretary/Principal/Auth. Signatory & Date



**SHINE-Abdur Razzaque Ansari Institute  
of Health Education & Research Centre**  
OINA, IRBA, RANCHI (JHARKHAND)

**PROVISIONAL ADMISSION SLIP**

PROVISIONALLY ADMITTED TO : .....

**Help Desk for any & all queries : Mr. Shahid (# 9304440554)**