

**HOLY FAMILY COLLEGE OF NURSING
GENERAL NURSING AND MIDWIFERY
SELECTED LIST - 2021**

SL.NO	UNIQUE ID	STUDENT NAME
1	GNM202464	Asmi Angila Massey
2	GNM202655	Somna
3	GNM202547	Angel Thomas
4	GNM202659	Sumi Saji
5	GNM202485	Anna Singh
6	GNM202869	Blessy P Manuel
7	GNM202796	Roselin Baxla
8	GNM202625	Sneha S George
9	GNM202484	Merin M Aniyam Kunju
10	GNM202826	Rizvi Thomas
11	GNM202943	Tenzin Dechen
12	GNM202466	Alphonsa Ekka
13	GNM202819	Alka Dung Dung
14	GNM202454	Suzan Robinson
15	GNM202816	Areeba Khan
16	GNM202495	Garima
17	GNM202914	Navdha Bhardwaj
18	GNM202712	Anna Wilkinson
19	GNM202802	Navdisha Luthra
20	GNM202902	Chanderkala
21	GNM202716	Juliet M John
22	GNM202628	Shridhi Gupta
23	GNM202533	Muskan Kumari
24	GNM202891	Payal Kathale
25	GNM202585	Arti Archana Tudu
26	GNM202952	Aliza Rajan
27	GNM202969	Pranjal Matpal
28	GNM202639	Tenzin Namdul
29	GNM202681	Prerna
30	GNM202696	Manvi Chand
31	GNM202582	Amisha Singh
32	GNM202873	Asha Kiro
33	GNM202597	Eali Victor G
34	GNM202498	Veronica Tingnel Lhing
35	GNM202559	Renu Kumari
36	GNM202592	Geena Varghese
37	GNM202909	Kesiya Mariyam John
38	GNM202442	Monika
39	GNM202894	Celine Shah
40	GNM202579	Benita Sebastian

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25/8/21

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HOLY FAMILY COLLEGE OF NURSING
GENERAL NURSING AND MIDWIFERY
WAITING LIST

SL.NO	UNIQUE ID	STUDENT NAME
1	GNM202531	Bandana Saru
2	GNM202619	Shagun Gupta
3	GNM202578	Jeena K Cherian
4	GNM202476	Allen Ashmita George
3	GNM202652	Tamanna Saras
4	GNM202928	Joyce Francy
5	GNM202458	Christy Royal Joseph
6	GNM202499	Kajal Kumari
7	GNM202856	Lisa Jessica Kerketta
8	GNM202840	Poorva Diwakar
9	GNM202455	Pragati Nimble
10	GNM202842	Kiran Bhandari
11	GNM202494	Latika
12	GNM202635	Jaisy James
13	GNM202478	Sweetty Sabu

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25/09/21

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HOLY FAMILY COLLEGE OF NURSING
Instruction for the Selected Candidates

1) List of the selected Candidates will be put up on the College Notice Board.

First List	Wednesday 25 th August 2021 by 2.00 pm
Second List	Wednesday 1 st September 2021 by 2.00 pm
Third List	Wednesday 8 th September 2021 by 2.00 pm

Last date for acceptance of seat in writing & payment of fees:

First List	Tuesday 31 st August 2021 by 4.00 pm
Second List	Tuesday 7 th September 2021 by 4.00 pm
Third List	Tuesday 14 th September 2021 by 4.00 pm
The classes begin	November 2021 (Date of joining will be intimated later on your registered email id).

2) You are also required to deposit the following fees.

- I. The Course fees has to be deposited either by DD in favour of Holy Family Hospital payable at New Delhi or through RTGS/NEFT
- II. On the day of joining November 2021 (Date will be intimated later) you are required to deposit
 - f) Mess fee Rs.3000/- @Rs.1500/-per month for November & December 2021 (2 months)
 - g) Medical check-up fees Rs. 2875/-
 - h) An affidavit by the students as per the format provided in the prospectus.
 - i) An affidavit by the Parents as per the format provided in the prospectus.
 - j) 4 recent passport size photographs of the candidate

3) Admission will be confirmed only after verification of all original certificates required for admission and payment of fees.

4) All admission are provisional subject to the verification of original documents and medical examination conducted by Medical Officer in Holy Family Hospital, New Delhi.

5) Date of joining hostel will be intimated later on your registered email id.





40 YEARS OF HEALING



HOLY FAMILY HOSPIT.
OKHLA ROAD, NEW DELHI-110025
होली फैमली हॉस्पिटल, ओखला रोड, नई दिल्ली-110
PHONES : 26845900 TO 909, 26332900 (R)
Fax : 011-26913225
E-mail : administration@holyfamilyhospitaldelhi.org
Website : www.holyfamilyhospitaldelhi.org

**ELECTRONICS CLEARING SERVICE (CREDIT CLEARING)
(MANDATE FORM)
(Details of the person to receive payment)**

PARTY NAME - NEW DELHI HOLY FAMILY HOSPITAL

BANK ACCOUNT NO. - 8593206000001

BANK NAME - CANARA BANK

BRANCH ADDRESS - HOLY FAMILY HOSPITAL
OKHLA ROAD, NEW DELHI - 25

IFSC CODE - CNRB0008593

MICR CODE - 110015051

TYPE OF ACCOUNT - CURRENT ACCOUNT

I hereby declare that particulars given above are correct and request you to give our payments by crediting our account directly by E-Payment mode as per account details given above. We hereby under take to intimate you in case of any change in particulars given above and will not hold responsible you for any delay/default due to any technical reasons beyond your control.

[Handwritten Signature]
Signature of Director
DIRECTOR
HOLY FAMILY HOSPITAL
NEW DELHI - 110025

[Handwritten Signature]
nursing.college@holyfamilyhospitaldelhi.org

UTR NUMBER - *[Handwritten]*
Amount of Transfer - *[Handwritten]*
Date of Transfer - *[Handwritten]*