

Certificate of Recommendation

(To be filled by Recommender/ Motivator)

(Only Principal/ Vice Principal / Faculty of college of Nursing or any senior member of Alumni Association can recommend the applicant's form for membership)

This is to certified that Miss./Mrs./ Ms./ Sr./ Mr. _____ is a

BSc. (Nursing .) and I have known her/him for last ____years. This particulars filled in by the applicant are correct in all respects.

Membership No. of Recommender/ Motivator: _____

Position held: _____

Name of the college with address: _____

Signature of the Recommender

Full name of the Recommender

INSTRUCTION FOR THE APPLICANTS

1. Application Form will be accepted only when it is recommended by the official mentioned above and true attested copies of college leaving and Degree/ Passing Certificate are enclosed.
2. Application Form completed in all respect, should be sent to the Secretary General Yashwant College of Nursing Kodoli, Alumni Association of Yashwant College Of Nursing, Kodoli , along with membership fee.(Fee details given below).
3. Should submit one pass port size photo along with Application Form.

SUBSCRIPTION AND FEES

A) Patron	Rs. 1,00,000.(One Lac)
B) Donor	Rs. 50,000 (Fifty Thousand)
C) Affiliate Life Member	Rs. 1,000 (One Thousand)
D) Life Member	Rs. 500 (Five Hundred)
E) Basic B.Sc Nursing	Rs. 250 (Two Hundred and Fifty)

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- All rates are subject to revision from time to time.
 - Fees are Non-Refundable