

U.P. STATE MEDICAL FACULTY, LUCKNOW

(NURSING EXAMINATION FEES/ INTERNSHIP FEE FORM)

DATE : _____

BATCH : Month _____ Year _____

FOR OFFICE USE ONLY

RECEIPT NO. :

DATE :

SIGN. :

CENTER CODE		GST NO.	
CENTER NAME			
CONTACT PERSON			CONTACT NO.

Course	No. of Candidates				Examination Fee (Per Candidate)	Total Amount
	Ist Year	II nd Year	III rd Year	Total		
G.N.M.					3500.00	
A.N.M.					3500.00	
					3500.00	
INTERNSHIP FEE					1250.00	
GRAND TOTAL						

DEMAND DRAFT DETAILS				
Sr. No.	Bank Name	DD No.	Date	Amount
1.				
2.				
TOTAL				

CASH	
X 2000	
X 500	
X 200	
X 100	
X 50	
X 10	
TOTAL	

NOTE- 1. Form to be filled in Capital Letters only.

2. Draft should be in the Name of "SECRETARY, U.P. STATE MEDICAL FACULTY, LUCKNOW".

3. Enclose the List of Candidates.

SEAL & SIGN.
PRINCIPAL/ DIRECTOR

U.P. NURSES & MIDWIVES COUNCIL, LUCKNOW

(NURSING REGISTRATION FEES FORM)

DATE : _____

BATCH : Month _____ Year _____

FOR OFFICE USE ONLY
RECEIPT NO. :
DATE :
SIGN. :

CENTER CODE		GST NO.	
CENTER NAME			
CONTACT PERSON			CONTACT NO.

Course	No. of Candidates	Registration Fee (Per Candidate)	Registration Fee Amount	GST (Per Candidate) @18%	GST Amount	Total Amount
G.N.M.		1000.00		180.00		
A.N.M.		1000.00		180.00		
GRAND TOTAL						

DEMAND DRAFT DETAILS				
Sr. No.	Bank Name	DD No.	Date	Amount
1.				
2.				
TOTAL				

CASH	
X 2000	
X 500	
X 200	
X 100	
X 50	
X 10	
TOTAL	

NOTE-1. Fill the Form in Capital Letters only.

2. Draft should be in the Name of "REGISTRAR, U.P. NURSES & MIDWIVES COUNCIL, LUCKNOW".

3. Enclose the List of Candidates.

SEAL & SIGN.
PRINCIPAL/ DIRECTOR

U.P. STATE MEDICAL FACULTY, LUCKNOW

(PARAMEDICAL EXAMINATION FEES FORM)

DATE : _____

BATCH : Month _____ Year _____

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RECEIPT NO. :
DATE :
SIGN. :

CENTER CODE		GST NO.	
CENTER NAME			
CONTACT PERSON		CONTACT NO.	

Course	No. of Candidates			Examination Fee (Per Candidate)	Total Amount
	1st Year	Final Year	Total		
DIPLOMA IN ACUPUNCTURE				2500.00	
DIPLOMA IN ANASTHESIA AND CRITICAL CARE TECHNICIAN				2500.00	
DIPLOMA IN AUDIO AND SPEECH THERAPY TECHNICIAN				2500.00	
DIPLOMA IN BCG TECHNICIAN AND TUBERCULOSIS PROGRAM MANAGEMENT				2500.00	
DIPLOMA IN BLOOD TRANSFUSION TECHNICIAN				2500.00	
DIPLOMA IN BURN AND PLASTIC SURGERY TECHNICIAN				2500.00	
DIPLOMA IN C.T. SCAN TECHNICIAN				2500.00	
DIPLOMA IN CARDIOLOGY TECHNICIAN				2500.00	
DIPLOMA IN CLINICAL AND THERAPEUTIC NUTRITIONIST COURSE				2500.00	
DIPLOMA IN DIALYSIS TECHNICIAN				2500.00	
DIPLOMA IN EMERGENCY & TRAUMA CARE TECHNICIAN				2500.00	
DIPLOMA IN HOSPITAL AND DOMICILIARY CARE ASSISTANT				2500.00	
DIPLOMA IN HOSPITAL RECORD KEEPING				2500.00	
DIPLOMA IN INTERVENTION RADIOLOGY				2500.00	
DIPLOMA IN LAB TECHNICIAN				2500.00	
DIPLOMA IN M.R.I. TECHNICIAN				2500.00	
DIPLOMA IN MEDICAL TRANSCRIPTION AND TYPING				2500.00	
DIPLOMA IN MINIMAL ACCESS SURGICAL TECHNICIAN				2500.00	
DIPLOMA IN NEONATAL CARE TECHNICIAN				2500.00	
DIPLOMA IN O. T. TECHNICIAN				2500.00	
DIPLOMA IN OPTOMETRY				2500.00	
DIPLOMA IN OPTOMETRY (BRIDGE COURSE)				2500.00	
DIPLOMA IN ORTHOPAEDIC AND PLASTER TECHNICIAN				2500.00	
DIPLOMA IN ORTHOPTICS				2500.00	
DIPLOMA IN ORTHOTIC AND PROSTHETIC TECHNICIAN				2500.00	
DIPLOMA IN PHYSIOTHERAPY				2500.00	
DIPLOMA IN RADIO THERAPY TECHNICIAN				2500.00	
DIPLOMA IN RESPIRATORY TECHNICIAN				2500.00	
DIPLOMA IN SANITATION				2500.00	
DIPLOMA IN X-RAY TECHNICIAN				2500.00	
CERTIFICATE IN BABY NURSING & CHILD CARE				300.00	
CERTIFICATE IN EMERGENCY & TRAUMA CARE ASSISTANT				2500.00	
GRAND TOTAL					

DEMAND DRAFT DETAILS				
Sr. No.	Bank Name	DD No.	Date	Amount
1.				
2.				
TOTAL				

CASH	
X 2000	
X 500	
X 200	
X 100	
X 50	
X 10	
TOTAL	

NOTE- 1. Fill the Form in Capital Letters only.

2. Draft should be in the Name of "SECRETARY, U.P. STATE MEDICAL FACULTY, LUCKNOW".

3. Enclose the List of Candidates.

SEAL & SIGN.
PRINCIPAL/ DIRECTOR

U.P. STATE MEDICAL FACULTY, LUCKNOW

(PARAMEDICAL REGISTRATION FEES FORM)

DATE : _____

BATCH : Month _____ Year _____

FOR OFFICE USE ONLY
RECEIPT NO.:
DATE:
SIGN.:

CENTER CODE		GST NO.	
CENTER NAME			
CONTACT PERSON			CONTACT NO.

Course	No. of Candidates	Amount (Per Candidate)	Registration Fee Amount	GST (Per Candidate) @18%	GST Amount	Total Amount
DIPLOMA IN ACUPUNCTURE		1500.00		270.00		
DIPLOMA IN ANASTHESIA AND CRITICAL CARE TECHNICIAN		1500.00		270.00		
DIPLOMA IN AUDIO AND SPEECH THERAPY TECHNICIAN		1500.00		270.00		
DIPLOMA IN BCG TECHNICIAN AND TUBERCULOSIS PROGRAM MANAGEMENT		1500.00		270.00		
DIPLOMA IN BLOOD TRANSFUSION TECHNICIAN		1500.00		270.00		
DIPLOMA IN BURN AND PLASTIC SURGERY TECHNICIAN		1500.00		270.00		
DIPLOMA IN C.T. SCAN TECHNICIAN		1500.00		270.00		
DIPLOMA IN CARDIOLOGY TECHNICIAN		1500.00		270.00		
DIPLOMA IN CLINICAL AND THERAPEUTIC NUTRITIONIST COURSE		1500.00		270.00		
DIPLOMA IN DIALYSIS TECHNICIAN		1500.00		270.00		
DIPLOMA IN EMERGENCY & TRAUMA CARE TECHNICIAN		1500.00		270.00		
DIPLOMA IN HOSPITAL AND DOMICILIARY CARE ASSISTANT		1500.00		270.00		
DIPLOMA IN HOSPITAL RECORD KEEPING		1500.00		270.00		
DIPLOMA IN INTERVENTION RADIOLOGY		1500.00		270.00		
DIPLOMA IN LAB TECHNICIAN		1500.00		270.00		
DIPLOMA IN M.R.I. TECHNICIAN		1500.00		270.00		
DIPLOMA IN MEDICAL TRANSCRIPTION AND TYPING		1500.00		270.00		
DIPLOMA IN MINIMAL ACCESS SURGICAL TECHNICIAN		1500.00		270.00		
DIPLOMA IN NEONATAL CARE TECHNICIAN		1500.00		270.00		
DIPLOMA IN O. T. TECHNICIAN		1500.00		270.00		
DIPLOMA IN OPTOMETRY		1500.00		270.00		
DIPLOMA IN OPTOMETRY (BRIDGE COURSE)		1500.00		270.00		
DIPLOMA IN ORTHOPAEDIC AND PLASTER TECHNICIAN		1500.00		270.00		
DIPLOMA IN ORTHOPTICS		1500.00		270.00		
DIPLOMA IN ORTHOTIC AND PROSTHETIC TECHNICIAN		1500.00		270.00		
DIPLOMA IN PHYSIOTHERAPY		1500.00		270.00		
DIPLOMA IN RADIO THERAPY TECHNICIAN		1500.00		270.00		
DIPLOMA IN RESPIRATORY TECHNICIAN		1500.00		270.00		
DIPLOMA IN SANITATION		1500.00		270.00		
DIPLOMA IN X-RAY TECHNICIAN		1500.00		270.00		
CERTIFICATE IN BABY NURSING & CHILD CARE		500.00		90.00		
CERTIFICATE IN EMERGENCY & TRAUMA CARE ASSISTANT		1500.00		270.00		
GRAND TOTAL						

DEMAND DRAFT DETAILS				
Sr. No.	Bank Name	DD No.	Date	Amount
1.				
2.				
TOTAL				

CASH	
X 2000	
X 500	
X 200	
X 100	
X 50	
X 10	
TOTAL	

- NOTE-** 1. Fill the Form in Capital Letters only.
2. Draft should be in the Name of "*SECRETARY, U.P. STATE MEDICAL FACULTY, LUCKNOW*".
3. Enclose the List of Candidates.

SEAL & SIGN.
PRINCIPAL/ DIRECTOR

U.P. STATE MEDICAL FACULTY, LUCKNOW

(NURSING/PARAMEDICAL AFFILIATION FEES FORM)

DATE : _____

FY : 20 ___ To 20 ___

FOR OFFICE USE ONLY

RECEIPT NO. :

DATE :

SIGN. :

CENTER CODE		GST NO.	
CENTER NAME			
CONTACT PERSON		CONTACT NO.	
Nursing Courses	Amount (@ Per No. of Approved Seats)	GST Amount (18%)	Total Amount
AUXILIARY NURSE & MIDWIFE / H.W. (FEMALE)	1500.00 X _____ =		
DIPLOMA IN GENERAL NURSING & MIDWIFERY	1500.00 X _____ =		
Paramedical Courses	Amount (Per Course)		
DIPLOMA IN ACUPUNCTURE	15,000.00		
DIPLOMA IN ANASTHESIA AND CRITICAL CARE TECHNICIAN	15,000.00		
DIPLOMA IN AUDIO AND SPEECH THERAPY TECHNICIAN	15,000.00		
DIPLOMA IN BCG TECHNICIAN AND TUBERCULOSIS PROGRAM MANAGEMENT	15,000.00		
DIPLOMA IN BLOOD TRANSFUSION TECHNICIAN	15,000.00		
DIPLOMA IN BURN AND PLASTIC SURGERY TECHNICIAN	15,000.00		
DIPLOMA IN C.T. SCAN TECHNICIAN	15,000.00		
DIPLOMA IN CARDIOLOGY TECHNICIAN	15,000.00		
DIPLOMA IN CLINICAL AND THERAPEUTIC NUTRITIONIST COURSE	15,000.00		
DIPLOMA IN DIALYSIS TECHNICIAN	15,000.00		
DIPLOMA IN EMERGENCY & TRAUMA CARE TECHNICIAN	15,000.00		
DIPLOMA IN HOSPITAL AND DOMICILIARY CARE ASSISTANT	15,000.00		
DIPLOMA IN HOSPITAL RECORD KEEPING	15,000.00		
DIPLOMA IN INTERVENTION RADIOLOGY	15,000.00		
DIPLOMA IN LAB TECHNICIAN	15,000.00		
DIPLOMA IN M.R.I. TECHNICIAN	15,000.00		
DIPLOMA IN MEDICAL TRANSCRIPTION AND TYPING	15,000.00		
DIPLOMA IN MINIMAL ACCESS SURGICAL TECHNICIAN	15,000.00		
DIPLOMA IN NEONATAL CARE TECHNICIAN	15,000.00		
DIPLOMA IN O. T. TECHNICIAN	15,000.00		
DIPLOMA IN OPTOMETRY	15,000.00		
DIPLOMA IN OPTOMETRY (BRIDGE COURSE)	15,000.00		
DIPLOMA IN ORTHOPAEDIC AND PLASTER TECHNICIAN	15,000.00		
DIPLOMA IN ORTHOPTICS	15,000.00		
DIPLOMA IN ORTHOTIC AND PROSTHETIC TECHNICIAN	15,000.00		
DIPLOMA IN PHYSIOTHERAPY	15,000.00		
DIPLOMA IN RADIO THERAPY TECHNICIAN	15,000.00		
DIPLOMA IN RESPIRATORY TECHNICIAN	15,000.00		
DIPLOMA IN SANITATION	15,000.00		
DIPLOMA IN X-RAY TECHNICIAN	15,000.00		
Paramedical Certificate Courses	Amount (@Per Academic Session)		
CERTIFICATE IN BABY NURSING & CHILD CARE	10,000.00		
CERTIFICATE IN EMERGENCY & TRAUMA CARE ASSISTANT	15,000.00		
GRAND TOTAL			

DEMAND DRAFT DETAILS

Sr. No.	Bank Name	DD No.	Date	Amount
1.				
2.				
TOTAL				

CASH

X 2000	
X 500	
X 200	
X 100	
X 50	
X 10	
TOTAL	

NOTE- 1. Fill the Form in Capital Letters only.

2. Draft should be in the Name of "SECRETARY, U.P. STATE MEDICAL FACULTY, LUCKNOW".

3. Enclose the List of Candidates.

SEAL & SIGN.

PRINCIPAL/ DIRECTOR

U.P. STATE MEDICAL FACULTY, LUCKNOW

(NEW ENROLLMENT FEES FORM)

DATE: _____

BATCH: Month _____ Year _____

FOR OFFICE USE ONLY

RECEIPT NO. :

DATE :

SIGN. :

CENTER CODE	GST NO.	CONTACT NO.	
CENTER NAME			
CONTACT PERSON			
Courses	No. of Candidates	Examination Fee (Per Candidate)	Total Amount
DIPLOMA IN ACUPUNCTURE		2500.00	
DIPLOMA IN ANASTHESIA AND CRITICAL CARE TECHNICIAN		2500.00	
DIPLOMA IN AUDIO AND SPEECH THERAPY TECHNICIAN		2500.00	
DIPLOMA IN BCG TECHNICIAN AND TUBERCULOSIS PROGRAM MANAGEMENT		2500.00	
DIPLOMA IN BLOOD TRANSFUSION TECHNICIAN		2500.00	
DIPLOMA IN BURN AND PLASTIC SURGERY TECHNICIAN		2500.00	
DIPLOMA IN C.T. SCAN TECHNICIAN		2500.00	
DIPLOMA IN CARDIOLOGY TECHNICIAN		2500.00	
DIPLOMA IN CLINICAL AND THERAPEUTIC NUTRITIONIST COURSE		2500.00	
DIPLOMA IN DIALYSIS TECHNICIAN		2500.00	
DIPLOMA IN EMERGENCY & TRAUMA CARE TECHNICIAN		2500.00	
DIPLOMA IN HOSPITAL AND DOMICILIARY CARE ASSISTANT		2500.00	
DIPLOMA IN HOSPITAL RECORD KEEPING		2500.00	
DIPLOMA IN INTERVENTION RADIOLOGY		2500.00	
DIPLOMA IN LAB TECHNICIAN		2500.00	
DIPLOMA IN M.R.I. TECHNICIAN		2500.00	
DIPLOMA IN MEDICAL TRANSCRIPTION AND TYPING		2500.00	
DIPLOMA IN MINIMAL ACCESS SURGICAL TECHNICIAN		2500.00	
DIPLOMA IN NEONATAL CARE TECHNICIAN		2500.00	
DIPLOMA IN O. T. TECHNICIAN		2500.00	
DIPLOMA IN OPTOMETRY		2500.00	
DIPLOMA IN OPTOMETRY (BRIDGE COURSE)		2500.00	
DIPLOMA IN ORTHOPAEDIC AND PLASTER TECHNICIAN		2500.00	
DIPLOMA IN ORTHOPTICS		2500.00	
DIPLOMA IN ORTHOTIC AND PROSTHETIC TECHNICIAN		2500.00	
DIPLOMA IN PHYSIOTHERAPY		2500.00	
DIPLOMA IN RADIO THERAPY TECHNICIAN		2500.00	
DIPLOMA IN RESPIRATORY TECHNICIAN		2500.00	
DIPLOMA IN SANITATION		2500.00	
DIPLOMA IN X-RAY TECHNICIAN		2500.00	
CERTIFICATE IN BABY NURSING & CHILD CARE		300.00	
CERTIFICATE IN EMERGENCY & TRAUMA CARE ASSISTANT		2500.00	
GRAND TOTAL			

Courses	No. of Candidates	Guidelines & Syllabus Booklet Fee (Per Candidate)	Guidelines & Syllabus Booklet Fee Amount	Examination Fee (Per Candidate)	Examination Fee Amount	Total Amount
G.N.M.		250.00		3500.00		
A.N.M.		250.00		3500.00		
GRAND TOTAL						

DEMAND DRAFT DETAILS				
Sr. No.	Bank Name	DD No.	Date	Amount
1.				
2.				
TOTAL				

CASH	
X 2000	
X 500	
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X 100	
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X 10	
TOTAL	

- NOTE-**
1. Form to be filled in Capital Letters only.
 2. Draft should be in the Name of "**SECRETARY, U.P. STATE MEDICAL FACULTY, LUCKNOW**".
 3. Enclose the List of Candidates.

SEAL & SIGN.
PRINCIPAL/ DIRECTOR