

ADMISSION APPLICATION FORM

♦ GNM♦ B.Sc. Nur♦ P.B.B.Sc.♦ M.Sc. Nu	Nursing	Affix your Passport size Photograph here
Admission No.		Year 20 20
Name of Student	:	
Date of Birth	:	
	Age : Sex : M F	
Aadhar No.	:	
Nationality	: Caste :	Blood Group :
Father's Name	:	
Mother's Name	:	
Postal Address	:	
Stre	eet	
City		
Sta	te	
Mobile	:	











Documei	nts Require	ed Affix photocopies	(Originals to be Prod	uced at the time of	selection interview)		
II PUC / Transfe Conduct Migratic Recent Nativity Student Cumula Degree	er Certificate ct Certificate on Certificate 6 Passport & 7, Income & C Passport Visa ative Record al Certificate & 1	Marks Sheet (PG Programs	versity otographs Minority) og to qualifying examination	_			
Qualified	Examination	on Passed :	Re	gistration No. :			
Marks ob	otained in	the qualifying Exa	amination : (Xerox	copy attested)			
SI. No.		Subject		Marks Obtained	Percentage		
understood a to the institut Date:	nd accept tha		on of the course for any re		ution as the final. I/we also the entire fee including deposits pa		
Place :							
Signature of Parent / Guardian Signature of Studen				Signature of Student			
FOR OFFICE USE ONLY							
Descript	tion	1st Year	2nd Year	3rd Year	4th Year		
Course			Branch				
Admitted	l by	Verified/Entered	l by	Parent	Principal		