**aaRBee College Of Nursing**

**(A Unit Of Bilasa Medicals Pvt.Limited)**

swarnjayantinagar,ringroad-2

 Bilaspur CG.

**Application form for admission to B.Sc. Nursing,2017-18**

|  |
| --- |
| **Affix passport size photograph** |

Name Of The Candidate- ................................................................

**(in Capital Letter)**

Gender- ...................................

Father's Name- .................................................................

Mother's Name- ..................................................................

Permanent Address- .................................................................................................................

 ............................................Contact no....................................................

Date Of Birth- ...../..../...../......in words............................................................................

**(as Per 10th Standard Marksheet)**

Nationality- ....................................................................

Religion- ....................................................................

Category- ....................................................................

Educational Qualification- ....................................................................

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of examination | Name of the school |  Name of the Board | Subject  | Year of passing | Division | Percentage of total marks |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Socio Economic Status-

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Father's occupation | Father's education | Mother's occupation | Mother's education | Family monthly income | Per capita income | Remarks |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Exam appeared- **Pre-Nursing Test / Non Pre-Nursing Test**

**Declaration**

 I, do hereby solemnly and sincerely affirm that the information furnished above is true and correct. I have not concealed any information.

 If any information furnished herein fraudulent,incorrect,untrue.I,shall be liable to criminal prosecution along with the cancellation of the selection and admission to the course forfeiting the fees deposited. I agree to abide by the rules and regulations governing the institution.

Place................... .......................................

Date.................... Signature of the Candidate

 ........................................

 Signature if the Parents

**Enclosed The Self Attested Photocopies Of-**

1. Marksheet of 10th ,12th or any equivalent examination from the recognized board.
2. Permanent resident cerificate (adhar card).
3. ST/SC/OBC Category Certicate.
4. Income Certificate (if gross income is under 45-50000/-Rs. annually)
5. Migration Certificate
6. Transfer Certificate
7. Gape Certificate (Notarized if candidate pass higher secondary school before 2017 )
8. 5 recent passport size photographs.
9. Parent's income certificate
10. Pre-PNT (nursing exam.vyapam) exam.result.
11. Scruitiny letter
12. Allotment Letter
13. Adhar Card Number
14. Students Scholarship Account Number

**Checked & ticked the enclosed documents.**

Place-................ .................................................

Date-.................. **Signature Of The Candidates**