## **Highland College of Nursing**

(Under Mariam Educational Trust)
Application for Admission – B.Sc Nursing Program (2025)

1. Personal De	etails			
Full Name (as p	er 10th Certificat	e):		
Date of Birth:	_//	Gender: □Male □Fen	nale □Other	
Nationality: Religion:				
Category: □Gen	eral □SC □ST	□OBC □Others:		
2. Contact De	tails			
Mobile Number	:			
Email ID:				
Residential Add	ress:			
PIN Code:				
3. Parent/Gua	ırdian Details			
Father's Name:Number:				Contact
Mother's Name:		Occupation:		Contact
Number:		_		
Guardian (if applicable):		Rela	ntionship:	
Contact Number	r:			
4. Academic D	etails			
Exam Passed	Name of Institution	Board/University	Year of Passing	% / Grade
SSLC / 10th				
PUC / 12th				
Subjects Studied	d in 12th:			

NEET Roll Number:	NEET Score:
<b>5. Additional Information</b> Are you applying for Hostel Accommo	dation? □Yes □No
Any Medical Condition (if any):	
How did you hear about us? □Website	e □Social Media □Friend/Family □Other:
6. Declaration	
	provided above is true and correct to the best of my ng false information may result in the cancellation of
Signature of Applicant:	
Signature of Parent/Guardian	Date: / /