



Christ Institute of Nursing

Ashraf Nagar, Masjid Road, Haidar Para, Near Iskon Mandir, Siliguri, West Bengal- 734004

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Sl No.:

ADMISSION FORM

Affix Recent
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Course Applied for:

☐

GNM

☐

B. Sc Nursing

For the Year

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INSTRUCTION: Candidate should fill in the form neatly and legibly in English in own hand writing in BLOCK LETTERS using blue/black ball pen only.

STUDENT INFO:

Name of the Applicant : _____

Gender : ☐ Male ☐ Female

Date of Birth : ____ D / ____ M / ____ Y

Blood Group : _____

Religion : _____ Caste: _____

Mother Tongue : _____

Permanent Address : _____

_____ Pin code: _____

Temporary Address : _____

_____ Pin code: _____

Phone No. : _____ Mob. : _____

Email ID : _____

DETAILS OF EDUCATIONAL QUALIFICATION:

S. No.	Qualification	Name of the School/ College	Subject	Percentage	Year of Passing

PARENTS/ GUARDIAN INFORMATION:

Name of the Parent/ Guardian : _____

Occupation of Parent/ Guardian: _____

Annual Income : _____

Address of Parent/ Guardian : _____

_____ Pin code: _____

Phone No. : _____ Mob. : _____

Email ID : _____

JOINT DECLARATION OF PARENT/ GUARDIAN AND THE CANDIDATE:

I do hereby affirm that the statements made and information furnished in my son's / daughter's / ward's application and also all the enclosures hereby submitted by me / him / her true. However, if it is found that any information furnished herein is untrue in material particulars, I / we are liable for legal / criminal prosecution and also agree to forego his / her seat in the institute.

Signature of the Candidate

Signature of the Parent / Guardian

Place :

Date :

FOR OFFICE USE ONLY:

Date of Receipt of application :

Decision of Admission Board :

Any other comments :

Admitted to : _____ Application No. : _____

Admission No. : _____ Fee Paid : _____

Receipt No. : _____ Date : _____



Authorised Signature



Institute Seal