## APPLICATION FORM



## विष्ठ वेट्य केरेडिंग NURSING COLLEGE

BRAHMPURA, PHULPARAS, DISTT- MADHUBANI

**ADMISSION FORM FOR B.Sc. Nursing** 

	• 1	SESSION		TO			
		The state of the s	en riskl				
	Name of the	Candidate					
2.	Father's Na	me					. ***
3.	Father's Oc	cupation 🦠	· <u></u>	1 1801 19		Court of the last of the	Recent sport Size
١.	Mother's Na	ime	- 100 mm	A grant and have have			Photo
5.	Mother's Oc	ccupation					
5.	Nationality	The state of the s		and the second of the second of the second	Mi S. Aleks Aleks	(6)	
s aon	Religion	i ena agrantia (i	: (I)	A STATE OF THE STA	(ii)		. Albert
3.	Present Ad	dress					
). ·	Permanent	Address	of the side of the	Admiliarity about	of main in	*11.5 m/s	
					A. 152		R. C.
2 24		lesses of Consultan	nifany :				
0.	Name & Add	iress of Guardiai	77	. III _ Tue le . Herrin			
10.	Name & Ado	iress of Guardiai					
		No. (Contact)	40   10   <u>10   10   10   10   10   10   </u>				
11.		No. (Contact)	40   10   <u>10   10   10   10   10   10   </u>	B.Sc Nursing	tar I - 1/20	Noute	erinani
11.	Telephone N	No. (Contact)	40   10   <u>10   10   10   10   10   10   </u>	B.Sc Nursing			
l1. l2.	Telephone N	No. (Contact) Course	40   10   <u>10   10   10   10   10   10   </u>	B.Sc Nursing			
l1. l2.	Telephone N	No. (Contact) Course	40   10   <u>10   10   10   10   10   10   </u>	B.Sc Nursing	(Apr 1) - 2/520		
l1. l2.	Telephone N	No. (Contact) Course	40   10   <u>10   10   10   10   10   10   </u>	B.Sc Nursing  Year Roll No.	Year of Passing	Div. / Percentage	Marks Obtained
11. 12.	Telephone N Certificate (	No. (Contact) Course n Passed :	Name of				
11. 12.	Telephone N Certificate (	No. (Contact) Course n Passed :	Name of				
11. 12.	Telephone N Certificate (	No. (Contact) Course n Passed :	Name of				

I do hereby declare that my son/wa that I will myself be responsible fo	
ulact will mysell be responsible to	7 IL
	Signature of Father/Guardian/Local Gurdian
6. (For scheduled caste / tribe / Anne.	x-l applicant only) I do hereby solemnly declare that my
father/ gurdian is not assessed to	(ii) Income Tax (ii) Agriculture Tax (iii) Sales Tax.
	Signature of Applicant
And a straight from	
Admit in	Class/Course
	Roll No
	Session
Principal	Principal
S/O of	
Market Committee of the	
actual working days I clearly understand Certificate Course Examination conduc	declare that I will complete 80% attendance of I that failing this will not be allowed to appear for the final ted by Govt. of Bihar under the aegis of Department of
actual working days I clearly understand	that failing this will not be allowed to appear for the final
actual working days I clearly understand Certificate Course Examination conduc Health, Govt. of Bihar.	that failing this will not be allowed to appear for the final
actual working days I clearly understand Certificate Course Examination conduc Health, Govt. of Bihar. Signature of the Father/Guardian	that failing this will not be allowed to appear for the final
actual working days I clearly understand Certificate Course Examination conduc Health, Govt. of Bihar. Signature of the Father/Guardian	that failing this will not be allowed to appear for the final ted by Govt. of Bihar under the aegis of Department of
actual working days I clearly understand Certificate Course Examination conduc Health, Govt. of Bihar. Signature of the Father/Guardian	that failing this will not be allowed to appear for the final ted by Govt. of Bihar under the aegis of Department of Signature of the Applicant
actual working days I clearly understand Certificate Course Examination conduct Health, Govt. of Bihar. Signature of the Father/Guardian Address	that failing this will not be allowed to appear for the final ted by Govt. of Bihar under the aegis of Department of Signature of the Applicant
actual working days I clearly understand Certificate Course Examination conduct Health, Govt. of Bihar. Signature of the Father/Guardian Address	ted by Govt. of Bihar under the aegis of Department of  Signature of the Applicant  Il respect and supported by relevant documents.
actual working days I clearly understand Certificate Course Examination conduct Health, Govt. of Bihar. Signature of the Father/Guardian Address	ted by Govt. of Bihar under the aegis of Department of  Signature of the Applicant  Il respect and supported by relevant documents.  (iv)  (v)
actual working days I clearly understand Certificate Course Examination conduct Health, Govt. of Bihar. Signature of the Father/Guardian Address	ted by Govt. of Bihar under the aegis of Department of  Signature of the Applicant  Il respect and supported by relevant documents.
actual working days I clearly understand Certificate Course Examination conduct Health, Govt. of Bihar. Signature of the Father/Guardian Address	I that failing this will not be allowed to appear for the final ted by Govt. of Bihar under the aegis of Department of  Signature of the Applicant  Il respect and supported by relevant documents.  (iv)  (v)
actual working days I clearly understand Certificate Course Examination conduct Health, Govt. of Bihar. Signature of the Father/Guardian Address	ted by Govt. of Bihar under the aegis of Department of  Signature of the Applicant  Il respect and supported by relevant documents.  (iv)  (v)
actual working days I clearly understand Certificate Course Examination conduct Health, Govt. of Bihar. Signature of the Father/Guardian Address	ted by Govt. of Bihar under the aegis of Department of  Signature of the Applicant  Il respect and supported by relevant documents.  (iv)  (v)