APPLICATION FORM

For admission to Post Basic B.Sc. Nursing Course, Session-2024

Entrance Test-	24 Roll N	No	1	Marks				— г		
1. Name (In blo	ock letter	s):							A CC" 1	
2. Father's Nam	ne (In blo	ck letters):							Affix latest passport size	
3. Date of Birth	n:	Age	(as on 31	.10.2024)_		_Years	Months	Day	attested photograph	
4. Category		Ca	tegory Co	de		As given in pr	ospectus		1 0 1	
5. Resident Sta	tus Punja	ab/Other st	ate	Na	tionali	ty				
6. Address for	correspo	ondence (I	n block le	tters):	Pei	manent Add	ress (In bl	ock lette	ers):	
					_					
District					Die	atriot				
District District Phone NoMobile Phone NoMobile						Mobile _				
7. Academic qu	alificatio	n:								
Exam Passe		Year of passing	Name College	of Scho	ool /	University	Total marks	Marks secure		
10th									Secured	
10+2										
GNM										
8. Registration	No.(PNR	C):RN	RN	И	G	NM From Pu	njab/Other	State _		
9. Professional	Experien	ce:								
Post	Name of Institution			Date			Total		Remarks	
					From		Experience			

Signature of the Candidate

Enclosures (please attach attested copies of the following documents):

S.N.	Document	Ticked by candidate	Remarks (for office use)
1	DMC 10 th and 10+2		
2	DMC GNM (all years)		
3	Character Certificate		
4	Registration Certificate RN/RM		
5	Domicile/Residence Certificate		
6	Certificate if applying under any reserve category		
7	Experience Certificate		
8	Self undertaking Having not availed any Residence benefit in any other state		