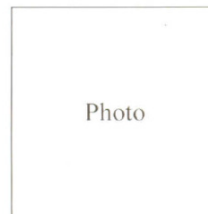




BOMBAY HOSPITAL COLLEGE OF NURSING

Ring Road, Indore - 452 010 (M.P.)

Form No. **005**



APPLICATION FORM

1. Full Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Father's Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Mother's Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Nationality

Code: - I for Indian

N for N.R.I.

5. Date of Birth - Day

--	--

Month

--	--

Year

--	--	--	--

6. Domicile resident of state of M.P.

Code: - Y for Yes

N for No

If No, resident of

State

7. Category

Code:-

G for General

OBC for other Backward

SC for Schedule Caste

ST for Schedule Tribe

--	--	--

8. Permanent Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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Telephone No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email

Cont. 2

9. Local Address

10. Educational qualification:

S.No.	Examination Passed	Name of Board/University	Year of Passing	Subject	Marks Obt.	% aggr.

11. Particular of Demand Draft

D.D. No./ Cash receipt No. _____ Date _____

Bank _____ City _____

Note: -

1. Please attach attested copies of the certificates & testimonials. Original should not be sent.
2. Students are expected to produce original certificates at the time of interview.

DECLARATION

I declare that information given above is correct. I have read the admission rules supplied by the College of Nursing and shall abide by them.

Date _____

Signature of Parents / Guardian

Signature of Applicant

Ring Road, Indore – 452 010 (M.P.) Phone No. 0731 – 4001716,4077000 Ext. (2029) Fax No. 0731-4266571

Please enclose a D.D. of Rs. 500 along with the Application Form.