

## Hill View College of Nursing, Ranchi

## **Application form**

**Basic BSc. Nursing** 

Academic year -(2020 - 2021)Session -(2020 - 2024)

Application No –	
Applied Session –	
Batch -	
Name of the student -	
Father's Name -	
Mother' Name -	
D. O. B -	
Gender -	
Present Mailing Address –	
Permanent Address –	

Nationality –				
Community -	SC	ST	OBC	General
Whether the can	lidate is physi	ically handicapped -	Yes	No
Academic Qualif	ication			
Intermediate (10-	+2)			
Stream –				
Subjects –				
Percentage of Ma	rks/Grade –			
Total Marks Obt	ained			
School Name –				
Name of the Boar	rd/ University	_		
Matriculation (10	<u>)<sup>th</sup>)</u>			
Subjects –				
Percentage of Ma	arks –			
Total Marks Obt	ained –			
School Name –				
Name of Board/U	niversity -			
Blood Group –				
Email Id –				

Mobile Number – (Student)

(Guardian)

## **Check List**

(Please ensure that the following documents are attached with the application form)

- **➤** Mark sheet (Intermediate & Matriculation)
- **Caste Certificate**
- ➤ 1 passport size photo (To be paste in application form)

(Signature of the Parent/Guardian)

(Signature of the applicant)

## Certificate of undertaking to be signed by the applicant

- i. I affirm that the information given by me in this application form is true to the best of my knowledge. I understand any false or misleading statement may constitute grounds of denial of admission or later expulsion. My parent/guardian is in consent with the information provided (for dependents).
- ii. I have read and understood the full requirements of the course, eligibility criteria and other indicated in application form and prospectus is medically fir to undergo the course.
- iii. I undertake to abide the instructions indicated in the application form and prospectus and any regulations promulgated by the Institute when I join. Principal Hill View College of Nursing and Disciplinary Committee will be free to initiate suitable action in case I infringe the rules and regulations as laid down by Hill View College of Nursing.

Place -

Date -

(Signature of Applicant)