



BISHOP CONRAD MEMORIAL (B.C.M.) COLLEGE OF NURSING

Khairabad, Sitapur Pin - 261 131, U.P.

Phone: 05862-252552, Mobile: 9005170620

E-mail: bcmnsgs@rediffmail.com, bcmcollegeofnursing@gmail.com

Affiliated to Atal Bihari Vajpayee Medical University, Lucknow

Indian Nursing Council, New Delhi, UP State Medical faculty, Lucknow



ADMISSION FORM

Appl. No. :
(To be filled by the office)

(Session : 202..... 202.....)

Affix your recent passport size photograph here

Course Applied For (Please Tick ✓)

Diploma in General Nursing & Midwifery (3 Years)

Basic B.Sc. Nursing (4 Years)

Instructions: Read the prospectus carefully before filling in the application form

Note:All entries filled must be in (CAPITALS) incomplete form will not be considered

1. Name of Applicant (BLOCK Letters) (As in High School Certificate)

[Grid for name entry]

2. Date of Birth

[Grid for date of birth entry]

3. Age (Years)

[Grid for age entry]

4. Father's Name/Husband (Please Tick and fill)

[Grid for father's name entry]

5. Mother's Name

[Grid for mother's name entry]

6. Sex

[Grid for sex entry]

7. Marital Status (Please Tick ✓)

Single Married

8. Religion

[Grid for religion entry]

9. Caste: SC/ST/ OBC/ General (Enclose Certificate copy)

[Grid for caste entry]

10. Postal Address

[Grid for postal address line 1]

[Grid for postal address line 2]

[Grid for postal address line 3]

Pin

[Grid for pin entry]

Mobile :

[Grid for mobile entry]

P.T.O.

11. Permanent Address

																	Pin		

Mobile : WhatsApp :

12. Educational Qualification

Name of the Examinations passed	Subjects Studied	Medium of Instruction	Year of Passing	Aggregate Marks	Percentage	Division	Percentage of English
Matric/10th/SSLC							
Intermediate/10 + 2							
Any other							

13. Do you know English? Yes/No (if yes, Please tick (✓) mark on the appropriate answer)

To read.....Yes/No.....To write.....Yes/No.....To follow lecture.....Yes/No.....

14. Have you suffered any serious illness in the past. Yes/No (if yes)

Please write

15. Has any of your relatives studied in this institute? Yes/No If yes give the full name.....

16. Is any of your relative studying at present in this institute? Yes/No If yes give the full name

Date :

(Signature of the candidate)

(Signature of the Guardian)

RECEIPT

Application No :

Course :

Name :

Amount :

Date :

Signature of the Receiver