

# BIMR Nursing College

Surya Mandir Road, Residency, Gwalior – 474005 (M.P.)

## Admission Form Post Basic B.Sc. Nursing

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### Personal Information :

Name of the Candidate :

Father Name :

Mother Name :

DOB : DAY  MONTH  YEAR

Category : GENERAL  ST  SC  OBC

Cast :  Religion :

Person with disability : YES  NO  Aadhar No.

Domicile (Residency of M.P.) : YES  NO

Are you Government Employee : YES  NO

### Qualification :

Examination Passed	Board/ University	Year of Passing	Marks Obtained	Max Marks	% of Marks	RN/RM No.
G.N.M.						

### Experience :

Clinical / Teaching	Name of Organization	From (Date of Joining)	To (Date of Relieving)	Total (In Months)

Registration Certificate : YES  NO

Migration Certificate : YES  NO

Transfer Certificate (TC) : YES  NO



## DECLARATION

I hereby declare with my full conscious that all information give above is correct. If any information found wrong, i shall be responsible for the same. I have read complete information brochure carefully and agree to follow the rules and regulations of the college. The college have right to take legal action if found involving in any antisocial activities during training period/outside the college.

Signature of Candidate

Place :

Date :

Signature of Parent/Guardian

Place:

Date

**Note:- All the document and admission form should be scanned and send to the [admissionbimrnc@gmail.com](mailto:admissionbimrnc@gmail.com) mail i.d.**

**Last Date of Submission Form is 20<sup>th</sup> Sep. 2020.**