

BIMR NURSING COLLEGE

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

ADMISSION FORM 2013-14

No.

Paste
Recent
Photo

Name of the course with year

1. Full Name (English)_____
2. Father's Name and Occupation_____
3. Mother's Name_____
4. Sex_____ 5. Caste_____ 6. Religion_____
7. Date of Birth_____ Age on 31st Dec.2012_____
8. Permanent Address with Phone No._____

9. Local Address with name of Local Guardian_____

10. Family Income_____
11. Category : [] SC [] ST [] OBC []
(Attach certificate in case of reserve category)
12. Domicile Residency in M.P. (Yes/No.) if no mention State
13. **Qualification:**

S.No	Examination Passed	Board/ University	Year of Passing	Subject	Total Marks	% in 10+2 PCBE only
1.	10 th /H.Sc					
2.	10+2/H.S.C.C					
3.	G.N.M./P.B.B.Sc(N.)					
4.	B.Sc. (Nursing)					

I hereby declare with my full conscious that all information given 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, inside /outside the College.

Signature of Parent / Guardian

Date:_____

Signature of Student

Date:_____