BIKANER COLLEGE OF NURSING

(Recognised by RNC Jaipur & Affiliated with RUHS, Jaipur)

NH-11, Raisar, Bikaner – 334001 (Raj.)

ADMISSION FORM

(For B.Sc. NURSING Course)

Duration 4 Yr.

Form No. …… Session.....……

1. Name Of candidate : …….
2. Father Name : ……
   Mother's Name : ……
   Husband's Name : ……
3. Date Of Birth ……
   Age ..... Year ……Month…… Days……
4. Permanent Address
   ……
   ……Dist……State……
5. Corresponding Address ……
   ……Dist. ……State ……..
6. Gender ……..Religion ……..Cast ……Category…… SC/ST/OBC/GEN
   Marital status ……Handicapped …….. (enclosure Attach)
7. Contact No. _____(self) _____(Father/ Mother)
8. Educational Qualification (Sr. Sec/1st Yr. TDC)

S. NO.	Name of Exam	Board/ University	Passing Year	Roll No.	Total Marks	Obtain Marks	Percentage	Subject
1	10th							
2	12th							

9. Aadhar No……
10. Mail id……..

Signature of Gaurdian *Signature of Applicant*

For Office Use Only

Date ……..

Mr./Ms./Smt.……S/o,D/o,W/o……

Admitted for B.Sc. (N) Course Year ……..

Principal