** Samarpan College of Nursing**

 **Photo**

 **INDORE (M.P.)**

**APPLICATION FORM**

 **B.sc (Nursing) G.N.M. & M.SC**

**Form No…………..**

1. Full Name ( In BLOCK Letters)……………………………………………………………………….
2. Father’s/ Husband’s Name ……………………………………….………………………… ………
3. Father’s/Mother’s Name & Occupation ……..………………………………………………….
4. Mother’s Name……………………………………………………………………………………… …….
5. Category (ST /SC/ OBC/ General)……………………Sub cast…………………….……….…
6. Full Permanent Address……………………………………………………………………………….. …………………………………………………………………………………………………………………..…
7. Present Address…………………………………………………………………………………………….
8. City ……………………….…………………….State …………………………………………..………….
9. Contact No 1. ………………………………………….2. ……………………………………………….
10. Date of Birth:………………………………… Birth Place:………………………………………….
11. Email ID :……………………………………………………………………………………………………….
12. Family Annual Income:………………………………………..

 **To be filled up from 12th or ( 10+2) mark sheet**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Subject** | **Max Marks** | **Marks Obtained** | **Per %** |
| **Physics** |  |  |  |
| **Chemistry** |  |  |  |
| **Biology** |  |  |  |
| **English** |  |  |  |
| **Hindi** |  |  |  |
| **Total** |  |  |  |

**Give Below particulars of all academic and other examination passed and Degree/Diploma**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  **Examination**  | **Year of Passing** |  **School/ College** |  **University** | **Max Mks/ Mks Obt** |  **Academic Disat**  |  **Awards** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

 Give the Name , Profession and Present address ( in full) of a responsible peson known to you to whom reference could be made……………………………………………….. …………………………………………………………………………………………………………………………….

 Declaration to be signed by candidate and parents / guardian

 I read all the rules and regulation .I hereby declare that the entries in this form are true to the best of my knowledge and Belief. If I get Selected I Will obey all the college and hostel rules and regulation.

**Signature of Application Name & Signature of father Guardian**

 **Note:**

 **If someone willfully suppresses any information, he / she incur the of losing Selection and if Selection will lose all claims to remain selected for the training.**

………………………………………………………………………………………………………………………………………………………………………………….

**Fill and send to the below address**

 **Samarpan College of Nursing**

 **Arihant Hospital & Research Center**

 **283 – A Scheme No 71 , Gumasta Nagar , Indore Madhya Pradesh – 452009( M.P.)**

 Email. ID: samarpancollegeofnursing@gmail.com