

HOLY SPIRIT INSTITUTE OF NURSING EDUCATION**HOLY SPIRIT HOSPITAL**

Mahakali Caves Road, Andheri (East),

Mumbai, Maharashtra, India - 400 093

Tel: 91-022-28242774, 28248500 / 04 Ext. 821

Email: holyspiritcon@gmail.com ; hsine@rediffmail.comWebsite: www.holyspiritcollegeofnursing.org

Form No.

To affix
Passport size
Photograph here**APPLICATION FORM FOR ADMISSION***P.B. B.Sc. Nursing*

1. Candidate's Name Ms. _____
(In block letters as indicated in College/School records)
2. Date of Birth _____ Place of Birth _____
3. Father's Name _____ Occupation _____
4. Mother's Name _____ Occupation _____
5. Address to which communication have to be sent (in block letters)

Address of the Local Guardian (with District, State, Pin code & Telephone No. in block letter)

_____Permanent address (with District, State, Pin code & Telephone No. in block letter)

6. Marital Status _____ Blood Group _____
7. Religion _____ Nationality _____
8. Caste
9. Languages Known

S.C.		S.T.		OBC		Others	
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	Speak	Read / Write
Mother Tongue		
English		
Hindi		
Marathi		

10. Height in cms _____ Weight in kgs _____
11. Email ID: _____ Aadhar No: _____
12. Students Mobile No: _____ Parents/Guardians Mobile No _____
12. General Educational Qualification

Examination Passed	Name of the College	Medium	Year & Month of Passing	Number of attempts	Marks Obtained	Out of	Percentage of marks
10 th Std							
12 th Std							
1 st GNM							
2 nd GNM							
3 rd GNM							

12. State fully from what source you expect to receive financial support while at the College of Nursing _____
13. Reference: (Two references from Person in responsible position who are not your relatives)

Names	Position (Principal, Headmaster Parish Priest etc.)	Address

14. Attach xerox attested copies of the following and make tick mark against it.

- | | |
|--|--|
| <input type="checkbox"/> First year GNM Mark Sheet. | <input type="checkbox"/> Second year GNM Marksheet. |
| <input type="checkbox"/> Third year GNM Mark sheet | <input type="checkbox"/> Internship Mark sheet Passing Certificate |
| <input type="checkbox"/> Diploma Certificate | <input type="checkbox"/> MNC Registration Nurse & Midwife |
| <input type="checkbox"/> Nationality Certificate / Valid Passport / Birth Certificate / Domicile | |
| <input type="checkbox"/> College Leaving/Transfer Certificate (Proof of Age) | |
| <input type="checkbox"/> HSC Mark Sheet & Board Passing Certificate | |
| <input type="checkbox"/> SSC Mark Sheet & Board Passing Certificate | |
| <input type="checkbox"/> Migration Certificate | |
| <input type="checkbox"/> Caste Certificate, Caste Validity & Non creamy layer | |
| <input type="checkbox"/> Self-Education Gap Certificate (Affidavit from Student, if any) | |
| <input type="checkbox"/> Conduct Certificate | |

DECLARATION

I hereby declare that the information furnished above are true and correct to best of my knowledge and belief.

If selected, I hereby agree to abide by the rules and regulations of the Institution, which are in force from time to time.

(Name of the Applicant)

(Name of the Parent / Guardian)

Date: _____

Date: _____

Place: _____

Place: _____

(Signature of Applicant)

(Signature of Parent / Guardian)