

निषाद कॉलेज ऑफ नर्सिंग एण्ड एलाइंड साइंसेज



NISHAD COLLEGE OF NURSING & ALLIED SCIENCES

**College Address : Village - Bachbai, Raigaon Modh, Satna (M.P.) 485001
City Office : Near Allahabad Bank, Panna road, Pateri, Satna. Ph: 09424972001,
07672-281766, email:nishadcollegeofnursing@gmail.com**

श्री लक्ष्मी जन कल्याण समिति द्वारा संचालित

REGISTRATION/ADMISSION FORM

Course Name Year -

Write in (BLOCK LETTER)
First Name _____ Middle Name _____ Last Name _____

DOB	Sex		Marital Status		Category			
	M	F	Married	Unmarried	SC	ST	OB	UR

Distt. Pin No. State.

Temporary Address :

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Striving to achieve Higher standards of Nursing Education

Educational Qualification

S.N o	Course offered	Board/University	Year of passing	Maximum marks	Marks Obtained	Percentage
1	10 th					
2	12 th					
3	If Graduation					
4	Any Other					

DECLARATION

IS/O,W/O,D/Odo hereby declare that I am joining your institution. I have read and understood the instruction given in the prospectus . I hereby agree to abide by the decision of the principal in all matters regarding admission to and study of BSc Nursing/GNM Course.

Place:

Candidate signature:

Date :

Parent's/Guardian's Signature:

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