



VINAYAK COLLEGE OF NURSING

18-25, Park Residency, Kalwar Road, Hathoj, Jaipur

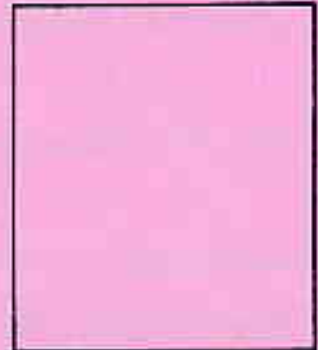
APPROVED BY : STATE GOVT. INC NEW DELHI AND RNC JAIPUR

APPLICATION FORM

Course : B.Sc. Nursing

Session 20 -20

Form No.



1. Full Name
2. Father's/Husband's Name
3. Date of Birth Date.....Month.....Year.....
4. Age on Admission Date.....Month.....Year.....
5. Permanent Address
-
-
-
- Phone No.Mobile
6. Category and name of cast

S. No.	Exam. Passed	Name of Board/University	Subject	Marks Awarded	% of Aggregate

7. Name of address of School/College from where last exam passed before joining this College

DECLARATION

I hereby declare that the information given above is correct. I have thoroughly read the admission rules and regulations supplied by VINAYAK COLLEGE OF NURSING and I shall abide by these rules.

Place

Date

Signature of Principal

Signature of Guardian

Signature of Student