



VYDEHI INSTITUTE OF NURSING SCIENCES & RESEARCH CENTRE

82, EPIP Area, Whitefield, Bangalore 560 066
☎: 91-080-28413381/2/3/4/5 Fax: 91-080-28416199/28412956
E - mail: info@vims.ac.in Visit us of www.vims.ac.in
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AFFILIATED TO RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES

Photo
Stamp
Size

APPLICATION FORM FOR 1ST YEAR PCB.Sc NURSING COURSE 20 - 20

Application No.

Name of the Candidate :

Gender : M F Date of Birth

D	D	M	M	Y	Y	Y	Y
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 Age Yrs

* Write Date of Birth as it is in the SSLC/10th Standard Marks Card

Father's Name :

Spouse's Name :

Occupation : _____ Designation : _____

Annual Income : _____

Mother's Name :

Address for Correspondence : _____

_____ City: _____

State : _____ Pin Code : _____ Ph(R) : _____

Ph (O) : _____ Mob. : _____ Email : _____

Name of the Local Guardian _____

Relationship with Guardian _____ Address of the Guardian _____

_____ City: _____

State : _____ Pin Code : _____ Ph(R) : _____

Ph (O) : _____ Mob. : _____ Email : _____

Mother's Tongue : _____ Native State : _____

Minority Status : Religious Linguistic, if Yes, Specify _____

Educational Qualifications:

	Course / Board	Institution	Year of Passing	Aggregate %
10 th Standard				
12 th Standard				
1 st Year General Nursing & Midwifery				
2 nd Year General Nursing & Midwifery				
3 rd Year General Nursing & Midwifery				
6 months Internship General Nursing & Midwifery				

Date of Registration with State Council Registration No. : RN: RM: Psy.:

Attested Photocopies of the Following Certificates to be enclosed along with 5 stamp size & 5 Passport Size recent Photographs

SSLC / PUC/GNM Certificate and Mark Sheet	<input type="checkbox"/> Y	<input type="checkbox"/> N	Migration Certificate	<input type="checkbox"/> Y	<input type="checkbox"/> N
Eligibility Certificate	<input type="checkbox"/> Y	<input type="checkbox"/> N	Medical Fitness/ Vaccination Certificate	<input type="checkbox"/> Y	<input type="checkbox"/> N
Conduct Certificate from Head of the Institution last attended	<input type="checkbox"/> Y	<input type="checkbox"/> N	Experience Certificate	<input type="checkbox"/> Y	<input type="checkbox"/> N
KNC Certificate	<input type="checkbox"/> Y	<input type="checkbox"/> N	Passport copy	<input type="checkbox"/> Y	<input type="checkbox"/> N

Declaration by the candidate:

I declare that the information provided in this application form is true to the best of my knowledge and belief.

SIGNATURE OF THE CANDIDATE

SIGNATURE OF THE PARENT/GUARDIAN

Date: _____

Place: _____