

BIMR Nursing College

Surya Mandir Road, Residency, Gwalior – 474005 (M.P.)

Admission Form M.Sc. Nursing

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Personal Information :

Name of the Candidate :

Father Name :

Mother Name :

DOB : DAY MONTH YEAR

Category : GENERAL ST SC OBC

Cast : Religion :

Person with disability : YES NO Aadhar No.

Domicile (Residency of M.P.) : YES NO

Are you Government Employee : YES NO

Qualification :

Examination Passed	Board/ University	Year of Passing	Marks Obtained	Max Marks	% of Marks	RN/RM No.
B.Sc. Nursing /P.B.B.Sc. Nursing						

Experience :

Clinical / Teaching	Name of Organization	From (Date of Joining)	To (Date of Relieving)	Total (In Months)

Registration Certificate : YES NO

Migration Certificate : YES NO

DECLARATION

I hereby declare with my full conscious that all information give above is correct. If any information found wrong, i shall be responsible for the same. I have read complete information brochure carefully and agree to follow the rules and regulations of the college. The college have right to take legal action if found involving in any antisocial activities during training period/outside the college.

Signature of Candidate

Place :

Date :

Signature of Parent/Guardian

Place:

Date :

Note:- All the document and admission form should be scanned and send to the admissionbimrnc@gmail.com mail i.d.