

PRAGYAN COLLEGE OF NURSING, BHOPAL
APPLICATION FORM

B.Sc. NURSING FIRST YEAR - 2022

FORMNO.....

Last Date : 30 June, 2022

Cost of form Rs. 100/- (Demand Draft in Favour of "Pragyan College of Nursing, Bhopal") send demand draft along with the admission form.

For Office Use Only
CHECKLIST

S.No.	Particulars	Yes	No	Remarks
1.	10th Class Certificate (HSS)			
2.	12th Class Certificate (Sr, S.S)			
3.	Caste Certificate (if applicable Digital for M.P. Domicile)			
4.	School leaving certificate (TC)			
5.	Migration Certificate (if other than M.P. Board)			
6.	Character certificate			
7.	Domicile certificate (Digital for M.P. Domicile)			
8.	Income Certificate Digital (if applicable)			
9.	PAN Card, Samagra ID			
10.	Adhar Card of Student			
11.	Adhar Card of Father			
12.	Adhar Card of Mother			
13.	Affidavit I (One original)			
14.	Affidavit II (One original)			
15.	Passport size photo (6) Stamp Size (2)			
16.	Gap Certificate (on Rs. 20/- stamp paper 2 copies original if 12th before 2022)			
17.	Soft copy of all documents in CD			
18.	Medical Certificate from Registered Doctor			
19.	COVID-19 Vaccination Certificate of Both Dose			

Signature of Scrutinizer/Coordinator

Signature of Principal

All entry should be filled in Capital Letter. Leave one blank box between each word
Mark ✓ where ever asked/require, Name of applicant, father, mother and DOB as mentioned in 10th classmarksheet.

Affix latest
passport size
photograph

1. Name of Student :

2. Date of Birth : Day Month Year Age

3. Caste : General OBC SC ST

4. Other Category Minority Physical Disability EWS

5. Religion : Hindu Muslim Christian Any other

6. Nationality

6. Father's Name

7. Father's Occupation _____, Annual Income _____

8. Mother's Name

9. Mother's Occupation _____, Annual Income _____

10. Full Permanent Address

City

District

Pin Code State

Whatsup No.

Mobile No.

E-mail (if any) _____

11. Present address
If any

City

District

Pin Code State

Whatsup No.

Mobile No.

E-mail (if any) _____

12. Local Address
(If any) Please
enclose photo of
local guardian

Whats up No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail (if any) _____

13. Student's Adhar Card

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Student's PAN Card

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Father's Adhar Card

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mother's Adhar Card

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

14. Educational Profile:

◆ Percentage of 10th Standard _____ Name of Board _____

◆ Percentage of 12th Standard _____ Name of Board _____

◆ Year of Passing 12th Standard _____

◆ Percentage of Physics, Chemistry, Biology (PCB) _____

Physics: Maximum Marks _____ Marks Obtained _____

Chemistry: Maximum Marks _____ Marks Obtained _____

Biology: Maximum Marks _____ Marks Obtained _____

English: Maximum Marks _____ Marks Obtained _____

Hindi/other subject: Maximum Marks _____ Marks Obtained _____

Total Maximum Marks _____ **Total Marks Obtained** _____

Signature of Student

Signature Guardian

MEDICAL CERTIFICATE

(Candidate to be Examined by a Registered Medical Practitioner Only)
(To be submitted at the time of admission)

This is to certify that Ms/Mr.....D/o.....

Age.....has been examined by me on / / 2022. She/he is physically and mentally fit to seek admission in B.Sc./M.Sc. Nursing Course. Her examination findings are -

B.P. _____ CVS _____

Pulse _____ CNS _____

Respiration _____ Integumentary (Skin) _____

Blood Group _____ Nephrology _____

Haemoglobin _____ Neurology _____

Urine Routine _____ Sense Organs

Eye _____ Ear _____ Nose _____

Mental Status (H/o Mental illness etc.) _____

History of any past illness _____ Genitourinary _____

For girls - Menstrual History _____ Menstrual Cycle _____

Immunization status if done _____

1. Any systematic disorder Yes No

If yes specify

COVID-19 Vaccination Certificate (Enclose) - Date of 1st Dose _____ Date of 2nd Dose _____

Remarks : **She/he is medically fit/Unfit to seek admission in B.Sc./M.Sc. Nursing Course.**

(In case of any illness/infirmity please write detail comments).

Medical doctor need to write remarks mentioned above his/her own hand writing.

Place:

Date:

Signature of Medical Officer
Registration No. & Seal

