

18. Place & Address of Work at the time of admission _____

19. Educational Qualifications _____

Examinations	Medium of Instruction	Year of Passing	Board/ Council University	Total Marks %	Name of the Institute & Address
12th					
GNM					
Any other Qualifications					

Registration	Date of Registration	Name of the Council	State
R.N.No.			
R.M.No.			

20. Service/ Previous employment details (After nursing Registration)

Name of the Hospital/ Institution	Position Held	From	To	Total no. of years and months

21. Membership in Professional and Social Bodies _____

22. Co Curricular activities. Hobbies (Sports, Library, cultural Etc.) _____

23. Languages Known:

Languages	Speak	Read	Write

24. Certificates Enclosed (attested)

- Educational qualification (H.SC/+2)
- 10th Mark sheet
- Diploma Certificate/ Degree Certificate

- d. Attested copies of GNM Mark Sheets, indicating marks obtained in each subject.
- e. Registration of Nurse & Midwife
- f. Transfer Certificate/ Migration Certificate
- g. Attested copy of Baptism Certificate and Church membership Certificate from the Parish Priest, if applicable.
- h. Community Certificate (For SC/ ST, OBC)
- i. Proof of Age
- j. Conduct Certificate from Principal/Headmistress of the School last attended/ present employer.
- k. 2 recent passport size attested photograph
- l. Attested copies of Experience certificates from competent authority, if applicable.

25. Undertaking

I hereby declare, that the above particulars are true and correct to the best of my knowledge. And I have read the prospectus and fully understood that in the event of my violation of any of the rules and regulations. I am liable to immediate dismissal from the college. Further I consent to undergo the course for its full duration. I will join the course as full time programme and will not take any job during this period of course. I undertake that I will not cause disrespect or loss of reputation by indulging in malpractices or immoral or illegal acts which amounts to indiscipline, warrants dismissal from the college.

Signature of the Parent/ Guardian:

Full Name:

Address:

Signature of the applicant:

Full Name:

Address:

(Copy for the Candidate)

HOLY FAMILY COLLEGE OF NURSING

Okhla Road, New Delhi - 110025

ADMIT CARD

B.sc. Nursing (Post Basic)

Affix
Attested
Recent Photo
Here

Application No : PB17/

Roll No. :

Name :
(in block letters)

Entrance Exam Date : **20th May 2017**

Time: **10.30 am to 12.30 pm**

Reporting Time : **9.30 am**

Venue : **Holy Family College of Nursing
Okhla Road, New Delhi - 110025**

Candidate's signature
(to be done while writing selection test)

Signature of the Principal
(Holy Family College of Nursing)

(Copy for the Invigilator)

HOLY FAMILY COLLEGE OF NURSING

Okhla Road, New Delhi - 110025

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(to be done while writing selection test)

Signature of the Principal
(Holy Family College of Nursing)

(To be submitted along with application form with Candidate's complete address on reverse in case the acknowledgement is to be sent by post)

HOLY FAMILY COLLEGE OF NURSING
Okhla Road, New Delhi - 110025

Ref.: Application No. PB/ B.Sc/ M.Sc. 17/

Date.....

(Candidates to write the application No.)

Subject : Admission to B.Sc. (Hons.) Nursing / M.Sc. Nursing/ B.Sc. Nursing (Post Basic) 2017

Your application has been received and is under scrutiny.

Signature

Note: Acknowledgement card unstamped/understamped and without address will not be mailed back to the candidate

(P.T.O)

(Please write your address here)

To

Pin

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From

Principal
Holy Family College of Nursing
Okhla Road, New Delhi - 110025