**INSTITUTE OF NURSING**



**BANGALORE BAPTIST HOSPITAL**

BELLARY ROAD, HEBBAL, BANGALORE 560024. INDIA

**APPLICATION FORM FOR ADMISSION**

**B. SC NURSING / GNM PROGRAMME**

Please Tick the Course BSC GNM

1. Name in Full (As entered in SSLC Marks Card) :
2. Name of the Parents / Guardian :

***(Please mention Father’s & Mother’s Name)***

1. Permanent Address :
2. Place of Birth :
3. Date of Birth :
4. Blood Group :
5. Gender : Female Others

1. Telephone Number Mobile (Self) :

Mobile (Parents/Guardian) :

Email Id (Self) :

1. Nationality / State :
2. Religion / Caste :
3. Marital Status :
4. The following documents to be submitted along with the application

* Xerox Copies of SSLC / HSSLC (II PU) Marks list
* Xerox Copies of Transfer Certificate
* Medical Fitness Certificate
* 10 Latest Photos ( Passport Size)
* Xerox copy of Aadhar Card

1. Candidates from other states must submit the certificate mentioned below on the day of admission

* Migration certificate for GNM Programme
* Eligibility certificate for B. Sc Programme ( From Rajiv Gandhi University of Health & Sciences, Bangalore)

Please Note:

* GNM Admission confirmation will be subject to approval from BNESIB-CMAI
* B. Sc admission confirmation will be subject to the approval from RGUHS

**DECLARATION BY CANDIDATE**

I hereby declare that the information mentioned above is true to the best of my knowledge. I understand the terms & conditions for the B.SC Nursing / GNM programme at Bangalore Baptist Hospital and promise to abide by the rules of the institution.

Place: Signature of the Candidate

Date: Signature of the Father / Guardian