



# PRAGATI NURSING COLLEGE & SCHOOL

Approved by **WBNC** | Affiliated to **West Bengal University of Health Science & INC**  
Under **Pragati Educational Trust**

KALARAM , Phansidewa Road, PS - Phanshidewa, P.O. - Rangapani  
Siliguri, Dist. - Darjeeling PIN - 734434 | P : +91 90023 33999

Session \_\_\_\_\_ **Application Form for Admission** Application No. \_\_\_\_\_

Duly completed application form along with the required documents and registration fee of 50000/- should be submitted at the time of registration.

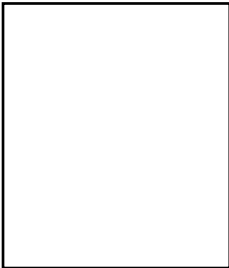
Category  General  SC  ST  OBC  Handicapped  NRI

### Opting for courses

GNM  B.Sc - Nursing

(As given in matriculation certificate)

1. Name of the applicant : .....
2. Father's Name : Mr. ....
3. Mother's Name : Mrs. ....
4. Date of birth ..... 5. Place of Birth ..... State .....
6. Gender (M/F) ..... 7. Nationality ..... 8. Blood Group .....
9. Present Address .....
- P.S. .... Email ID ..... Mob. ....
10. Permanent Address .....
- ..... Police Station .....
- Sate ..... Country ..... Tel No. with STD Code .....
11. Parent's email:..... Parent's Mob. No. ....
12. Hostel Accommodation required YES  NO
13. Details of qualifying examination:  
Name of examination ..... Board/University .....Name &  
address of the college ..... Year ..... Roll No .....



Admission procedure : Admission shall be made as per Affiliating University Norms.

**Academic Record :**

Examination	Year of Passing	% of Marks Obtained	Board / University	Subject
High School or HSC				
Intermediate or SSC				
Any other examination				

Medium  English  Hindi  Others (Specify) \_\_\_\_\_

**Declaration**

We ..... (candidate) ..... (Parent/Guardian) do hereby declare that the entries made in this form are true and correct. We have carefully read all terms and conditions, rules and regulations of the institute provided to us separately and abide by them. We also give undertaking that we will not discontinue the course in any circumstance before completion. However, if it happens due to any unavoidable/unforeseen circumstances, we shall be liable to pay the fee for the full score duration remained to be completed. We also undertake not to claim any refunds of tuition fee charges or any other funds deposited we undertake not to indulge in any legal proceedings in these matters except any avoidable circumstances "doesn't judge sections will be

(Sign. of Candidate)

(Sign. of Parent/Guardian)

Place : .....

Date : .....

**Office Use only**

**Attested copies in triplicate of the following are enclosed (Tick appropriate) :**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Mark sheet and certificate of high school HSC examination     | <input type="checkbox"/> SC/ST/OBC certificate (if applicable)                   | <input type="checkbox"/> Proof of age (Matriculation certificate)                            |
| <input type="checkbox"/> Aadhar Card   | <input type="checkbox"/> Domicile certificate                                    | <input type="checkbox"/> Parent's Aadhar Card  |
| <input type="checkbox"/> Mark sheet and certificate of Intermediate/SSC examination    | <input type="checkbox"/> Original Transfer Certificate of School/College leaving | <input type="checkbox"/> Original migration certificate for students from other Universities |
| <input type="checkbox"/> Original Character Certificate from last institution attended | <input type="checkbox"/> 6 passport size photographs                             | <input type="checkbox"/> Medical certificate of fitness by registered medical practitioners  |

Dated .....

(Admission Co-ordinator)