

Medicare Nursing College, Indore

Run By: - Versatile Education Training Research Organization, Indore

PROVISINOL ADMISSION FORM

B.Sc. (Nursing)

Form No.....

Full Name (in BLOCK Letters)

Father's/ Husband Name Occupation.....

Mother's NameOccupation.....

Category (ST/SC/OBC) & Caste:..... Date of Birth

Full Permanent Address:.....

Present Address:.....

City.....State.....Pin Code.....

Local Address:.....

City.....State.....Pin Code.....

Contact No.(Self).....Father.....Mother.....Other.....

E-mail ID

ADHAR No.....

To be filled up from 12th or (10+2) mark sheet

Subject	Max. marks	Marks Obtained	Total %
Physics			
Chemistry			
Biology			
English			
Total			

Give below particulars of all academic and other examinations passed and Degree/ Diploma

Examination	Year of passing	School /College	University / Board	Max. Mks/ Mks. Obt.	Academic / Dist. Scholarship	Awards
10 th (High School)						
12 th (Higher Sec.)						

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Give the Name, Profession and present address (in full) of a responsible person known to you to whom reference could be made.....

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Enclosures:

Particular of Demand Draft. (D.D. (Rs. 500/-) in Favour of “Medicare Nursing College, Indore”)

D.D. No./Cash receipt No. _____ **Date**

_____ **Bank**

_____ **City**

Note: -

1. Please attach attested copies of the certificates and testimonials. Bring original documents at the time of interview.
2. Documents to be sent to The Principal, Medicare Nursing College, Indore, Madhya Pradesh.
3. Candidates are expected to produce original certificates at the time of interview.

DECLARATION

I declare that information given above is correct. I have read the admission rules supplied by the College of Nursing and shall abide by them.

Date.....

Signature of Parents / Guardian

Signature of Applicant

Fill and send to the below address

**Medicare Nursing College, B- Block, Sector R, pioneer campus Mahalxmi Nagar,
City Office- 4/5, Ravindra Nagar, Old aplasia, Indore 451018**

Contact No:-9111944942

Email: - vetroindore@gmail.com