![SPARSH FOUNDATION - THE TOUCH OF LIFE]

SPARSH College of Nursing

(Affiliated to Rajiv Gandhi University of Health Sciences)

Photo

BSc Nursing Application form -2024-25

*Application Number: SCON202425_____   * Date: DD / MM / YYYY

(* For Office use)

*Fill the details only in capital letters

1. Name in Full (as in 10th certificate) _____

2. Date of Birth   DD / MM / YYYY   Blood Group: _____   Gender: Male /Female

   Aadhar card number: _____   Mobile Number _____

   E mail ID : _____

3. Father Name: _____   Mobile number _____

4. Father Occupation _____   Father Aadhar Number _____

5. Mother Name _____   Mobile Number _____

6. Mother Occupation _____   Mother Aadhar number _____

7. Address for communication _____

   _____

   _____

   _____

8. Permanent address _____

   _____

   _____

   _____

9. State of Domicile: _____   Nationality _____   Mother Tongue _____

10. Religion _____ Caste _____ Sub caste _____ Others _____

    Caste Category- General / EWS / SC / ST / OBC / IA, IIA, IIB, IIIA, IIIB

11. Details of Examination

- 10th Std examination Reg number _____ Passed out year _____

Board Name _____

- 12th std Examination Reg Number _____ Passed out Year _____

 Board Name

12th Marks details:

Sl No	Subject	Maximum Marks	Marks Obtained
1	English		
2	Biology		
3	Physics		
4	Chemistry		
5	Others		
6	Others		

Documents enclosed

Sl No	Certificate	Enclosed/Not enclosed
1	10th/SSC Marks card	
2	12th/HSC/PUC Marks card	
3	Any other certificate	

Declaration:

I hereby certify that the information furnished above is true to the best of my knowledge and belief. I promise to abide by the rules and regulation of the college, its authorities and will accept the decision of the Principal as final, in all matters of discipline vide rules in the college calendar or as may be issued from time to time

Date:
Place   Signature of the candidate: