

9. Local Address

10. Educational Qualification:

S. No.	Examination Passed	Name of Board/ University	Year of Passing	Subject	Marks Obtained	Percentage (%) Aggregate

11. Work Experience: - (Only for M.Sc. Nursing Candidates)

Clinical Experience: _____ Years _____ Months _____

OR

Teaching Experience: _____ Years _____ Months _____

12. Particular of Demand Draft. (D.D. (Rs. 500/-) in Favour of “Bombay Hospital, Indore”)

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

Bank _____ City _____

Note: -

1. Please attach attested copies of the certificates and testimonials.
2. Documents to be sent to The Principal, Bombay Hospital College of Nursing, 6th Floor, Bombay Hospital, Ring Road, Indore, 452010, Madhya Pradesh.
(Original Certificates should not be sent).
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