

**STATE COLLEGE OF NURSING**  
**107, CHANDER NAGAR, DEHRADUN, UTTARAKHAND**

**ADMISSION RECORD -----**

**Name of the Course : Post Basic B.Sc. Nursing Programme**

**Name of student (capital letters)** : .....

**Age** : .....

**Sex** : .....

**Date of Birth** : .....

**Adhaar Card Number** : .....

**Date of admission** : .....

**Religion /Caste** : .....

**Nationality** : .....

**Domicile (District)** : .....

**Marital Status** : .....

**Father's/Husband's Name** : .....

**Father's/Husband's occupation** : .....

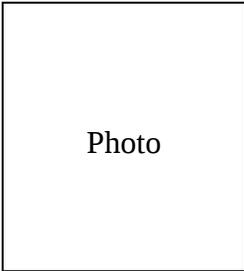
**Mother's Name** : .....

**Email Id** : .....

**Mobile Number** : .....

**Local guardian Address with Photo:** .....

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PIN ..... Phone/ Mob. No.....

**Permanent Address with pin code** : .....

.....

.....

PIN ..... Phone/ Mob. No.....

**Academic Qualifications:**

S.No.	Educational qualification	Name of school/college	Name of board/ university & place	Year of passing exam	Total Marks		Percentage of marks
					Min.	Max.	
1							
2							
3							
4							
5							
6							

**Declaration**

I, Ms/Mr/Mrs. .... S/o, D/o, W/o Mr. ...., Hereby declare that the above furnished information's are true to the best of my knowledge and belief. I promise to abide by the rules and regulations of the College/School and hostel. I will not take part in any type of strikes. I am aware that my candidature can be terminated if the all details given are found illegal/false.

**Signature of Candidate & Name**

**Signature of Parent/Guardian & Name**

**Place:**  
**Date: .....**

**Signature & Seal of Principal**

**STATE COLLEGE OF NURSING**  
107, CHANDER NAGAR, DEHRADUN, UTTARAKHAND

**Document Check List**

Name of Student (capital letters) : .....

Date of Admission : .....

S.NO.	DOCUMENTS	Yes/No
1	Allotment Letter	
2	10 <sup>th</sup> Mark Sheet	
3	10 <sup>th</sup> Certificate	
4	12 <sup>th</sup> Mark Sheet	
5	12 <sup>th</sup> Certificate	
6	G.N.M. 1 <sup>st</sup> Year Mark Sheet	
7	G.N.M . 2nd Year Mark Sheet	
8	G.N.M . 3 <sup>rd</sup> Year Mark Sheet	
9	G.N.M . Diploma Certificate	
10	G.N.M . Registration	
11	Medical Certificate of fitness	
12	Migration/Transfer Certificate	
13	Character Certificate	
14	Domicile Certificate	
15	Caste/ Community Certificate (Gen/SC/ST/OBC)	
16	Sub category ( Ph , DPW & FF ) Certificate	
17	Experience Certificate	
18	Adhaar Card	
19	Total No. of Documents	

**Note:- All above Documents should be submitted by candidate in 02 sets with 04 extra color photos.**

**Signature of Candidate**

**Verified By admission committee**

**Principal**

State College of Nursing  
107, Chander Nagar, Dehradun, Uttarakhand  
Ph. No. – 0135-2522933

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**Identity Card**

(Batch-2019-21)

Name of the student: .....

Name of the Course :.....

Date of Birth : .....

Signature : .....

Father's Name : .....

Blood Group : .....

Residential Address: .....

.....

.....

Phone No student : .....

In emergency Contact number : .....

If found please return to:

The Principal

State College of Nursing

107, Chander Nagar, Dehradun 248001-

Phone No: 0135-2522933

