

Bharat Sevashram Sangha School of Nursing

Bharat Sevashram Sangha Hospital

Diamond Harbour Road, P.O. Pailan, Kolkata – 700104

Phone: 9433326151

Affiliated to West Bengal Nursing Council, Recognized by Indian Nursing Council

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APPLICATION FORM

Diploma Course in General Nursing & Midwifery (2024-2027)

Applicant's ID: _____
(For Office Use)

Application No.: _____
(For Office Use)

A. Personal Detail

a- Name.....

b- Age as on 31.07.2024 :Years

c- Date of Birth..... Nationality

d- Marital Status.....

e- Mailing Address.....

.....Pin no.....

f- Permanent Address.....

g- Phone.....

h- Mobile.....

i- E-mail.....

B. Family Details:

a- Father's Name.....

b- Occupation.....

c- Mother's Name.....Occupation.....

d- Guardians Name.....Occupation.....

e- Annual Income (Both Parents) in Rs.....

C. Academic Performance

Exam Passed	Board/University	Subject Taken	Year Of Passing	Marks Obtained	Marks in % percentage

D. Major Extra-Curricular Activities/Hobbies.....

Declaration

Ido hereby solemnly affirm and declare that :

- * Information in this form is correct to the best of my knowledge and belief and nothing has been concealed by me.
- * I shall abide by the orders, rules and regulations of this school as stated in the prospectus. The Management of Bharat Sevashram Sangha School of Nursing is free to initiate suitable action in case I infringe the rules and regulations laid down by the institute.
- * I shall not cause any disruption in the school/parent hospital by taking part in strikes, ragging or any other activities harmful to the school/administration. If I do so, I may be expelled from the school and I shall not claim any refund of fees paid.
- * I admit that any charges / fees paid to the school will neither be refundable nor transferable whatsoever may be the reason.
- * In case I leave the school, before the completion of the course, I shall be liable for payment of all dues, whatsoever, until 'no dues certificate' is issued by the school .
- * I shall pay the fees and all other dues in time as mentioned in the prospectus /notified from time to time.
- * I shall attend regular Classes and participate in school activities and self development programmes.

.....
Date Signature of the candidate

This is to certify that I, Father /guardian of above shall be responsible for regular payment of fees, any other dues, good conduct and welfare ofduring her study in the school.

List down the Enclosures (*Refer to Prospectus*):-
Date Signature of Father / Guardian