# SHRI MATA VAISHNO DEVI COLLEGE OF NURSING

**KAKRYAL, KATRA, J&K**

## APPLICATION FORM FOR ADMISSION TO

# B.Sc. NURSING COURSE

**(SESSION 2025-2026)**

**Please fill the form in CAPITAL LETTERS in black ball point pen only.**

1. **Name of the Applicant** _____
2. **Father's/ Husband's Name** _____
3. **Mother's Name** _____
4. **Date of Birth : Day**_____ **Month** _____ **Year**_____
5. **Belongs to** Urban Area ☐ Rural Area ☐
6. **Annual Income of Parents (Per Annum from all Sources)**

Less than Rs. 1.00 Lakh ☐ Between Rs. 2.00 Lakh to Rs. 5.00 Lakh ☐

Between Rs. 1.00 Lakh to Rs. 2.00 Lakh ☐ More than Rs. 5.00 Lakh ☐

7. **Correspondence Address** _____
8. **Permanent Address (if different from S. No.8)**_____
9. **Contact Details:-**

Father: Mobile No. _____

Landline _____

E-mail _____

Mother : Mobile No._____

Landline_____

E- mail_____

## 10.Marks Details

| Examination Passed | Year of Passing | Name of School & Board | Maximum Marks | Marks Obtained | Percentage and Division | Subjects |
|---|---|---|---|---|---|---|
| **10th** | | | | | | |
| **10 +2** | | | | | | |

11. Local Guardian: Name_____

Relation with Student _____

Mobile No. _____

Landline _____

E- mail _____

Candidate Mobile No. _____

**Date_____** **Signature of Applicant**

## Undertaking

I undertake that in case of any changes in above particular (s), I will inform college authorities in writing within a week from the date of change. In case of default, I shall be liable for disciplinary action as the Institution may deem fit/ decides

**Signature of Applicant**

## Verification

The above information furnished by me is true and correct and nothing has been concealed therein. I understand and know that any wrong information given by me shall attract penal action against me.

**Date_____**

**Place_____**