

Serial No.

Student Regn No.:

Rs. 30/-

Date:

(For Council Use)

WEST BENGAL NURSING COUNCIL
APPLICATION FORM FOR STUDENT REGISTRATION
Admitted to a recognized or approved institution

GLM(Revised)/ ANM(Revised) (✓ mark in appropriate box)

(To be filled up by the candidate only)

1. Name of the student (in full):[Block Letters]

2. Marital Status:

3. Date of Birth & Place :

Date:	Month	Year	Place

4. Caste : [S.T./S.T./OBC/OTHER]

5. (a) Father's Name (in full) :

(b) Mother's Name (in full) :

(c) Husband's Name(in full) :

(d) Guardian's Name and Relationship:

6. (a) Religion:

(b) Nationality:

7. **Address In Full:**

(a) Permanent: [in Block Letters]
(With Pin code No.)

(b) Present: [in Block Letters]
(With Pin Code No.)

8. Name of the Institution:

9. Date of admission:

10. Preliminary educational Qualification:

(NOTE: mentioned examination passed name of the Board & Year Passing)

(Board verification list must be submitted at the time of submission of Student Registration Form)

Signature of the Sister Tutor

Signature of the applicant in full

I hereby certify that the above particulars are true to my knowledge.

Date:

Signature of the Head of the Institution
(Office Seal)

- Strike out which is not applicable.

NOTE: **One Xerox Copy** of the school Final/Madhyamik/Higher Secondary Admit Card & Mark-Sheet (for HS/10+2) should be attached with this form, in case of Delhi Board submit Father's Name/Date of Birth mentioned any document. Signature should not be CAPITAL LETTERS.

FOR OFFICE USE ONLY

Received Rs..... Vide R. No..... Date.....

Cashier
West Bengal Nursing Council