

SHREE KUTCHI LEVA PATEL (SKLP)
NURSING INSTITUTE OF EDUCATION & PRACTICE,
BHUJ – KUTCH.

M.SC. NURSING

Affix
Passport size
photograph
Duly Signed
By Candidate

Choice Subject:- (As Per priority)

- 1.
- 2.
- 3.
- 4.
- 5.

ADMISSION ENQUIRY FORM

1) Name of the Student: _____

(As Per H.S.C. Mark sheet)

2) Full Address :- _____

3) Contact Details :- _____ (Whatsapp No.) _____

4) Date of Birth :- _____

5) Caste :- _____ Category:- _____

6) Email Id :- _____

7) Aadhar No. :- _____

8) Total Marks 1st Year B.SC. Nursing : Marks _____, Percentage:- _____

9) Total Marks 2nd Year B.SC. Nursing : Marks _____, Percentage:- _____

10) Total Marks 3rd Year B.SC. Nursing : Marks _____, Percentage:- _____

11) Total Marks 4th Year B.SC. Nursing : Marks _____, Percentage:- _____

12) Name of Institution (Where B.SC. Nursing Completed) _____

13) Course Completion Date :- _____

Name & Signature of Parents

Name & Signature of Student

Date

Date