

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

Affix
Passport size
photograph
Duly Signed
By Candidate

POST BASIC B.SC. NURSING
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 GNM : Marks _____, Percentage:- _____
- 9) Total Marks 2nd Year GNM: Marks _____, Percentage:- _____
- 10) Total Marks 3rd Year GNM: Marks _____, Percentage:- _____
- 11) Name of Institution (Where GNM Completed) _____
- 12) Course Completion Date :- _____

Name & Signature of Parents

Name & Signature of Student

Date

Date