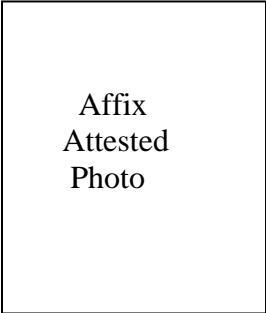




CICON

Central India College of Nursing

Kopedih Road, Dewada,
Rajnandgaon (C.G.) 491441
Tel.: 93009 70515, 94252 43727



ADMISSION FORM

FOR B. Sc. Nursing / M.Sc. Nursing (Psychiatry) / GNM / ANM / Post Basic Nursing / DPN (Diploma in Psychiatry Nursing)

- Note:** 1) This form should be filled in by the candidates in his/her own handwriting incomplete
 2) Bring your original certificates with your at the time of interview.
 3) Application form should be sent to the Principal at above address by registered post only.

Name of the candidate

(In capital letters only) -----

Sex -----Age ----- Date of Birth (as recorded in HSSE) Year / Month / Day

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Father's Name-----

Mother's Name -----

In words -----

Nationality -----

Caste (Gen / SC / ST / OBC /Other)-----

Present Address (Address for Communication) House No.-----Lane -----Village-----

Tehsil ----- District----- State ----- Pin-----Thana -----

STD ----- Ph. ----- Mobile No. -----

Permanent Address House No. ----- Lane ----- Village -----

Tehsil -----District -----State -----Pin----- Thana -----

STD -----Ph. -----Mobile No. -----

Local Guardians -----

Name & Address -----

Education Qualification

Examination Passed	Name of Board /University	Medium of education	Subject	Marks Obtained	Class Obtained	Aggregate percent

Other Qualification -----

Extra curricular activities -----

Demand Draft Number -----Date -----

Name of Bank -----

Parent Signature

Candidates Signature