

**PRAGYAN COLLEGE OF NURSING, BHOPAL**  
**APPLICATION FORM**

**B.Sc. NURSING FIRST YEAR - 2023 - 2027**

**FORM NO. UG - 25/23**

**Last Date : 30 June, 2023**

**Cost of form Rs. 100/-** (Demand Draft in Favour of "Pragyan College of Nursing, Bhopal") send demand draft along with the admission form.

**For Office Use Only**  
**CHECKLIST**

S.No.	Particulars	Yes	No	Remarks
1.	10th Class Certificate (HSS)			
2.	12th Class Certificate (Sr, S.S)			
3.	Caste Certificate (if applicable Digital for M.P. Domicile)			
4.	School leaving certificate (TC)			
5.	Migration Certificate (if other than M.P. Board)			
6.	Character certificate			
7.	Domicile certificate (Digital for M.P. Domicile)			
8.	Income Certificate Digital (if applicable)			
9.	PAN Card, Samagra ID			
10.	Adhar Card of Student			
11.	Adhar Card of Father			
12.	Adhar Card of Mother			
13.	Affidavit I (One original)			
14.	Affidavit II (One original)			
15.	Passport size photo (6) Stamp Size (2)			
16.	Gap Certificate (on Rs. 20/- stamp paper 2 copies original if 12th before 2023)			
17.	Soft copy of all documents in CD			
18.	Medical Certificate from Registered Doctor			

Signature of Scrutinizer/Coordinator

Signature of Principal

All entry should be filled in Capital Letter. Leave one blank box between each word  
Mark ✓ where ever asked/require, Name of applicant, father, mother and DOB as mentioned in 10th classmarksheet.

Affix latest  
passport size  
photograph

1. Name of Student :

2. Date of Birth :                      Day                      Month                      Year                      Age  
                                                                      

3. Caste :                      General                       OBC                       SC                       ST

4. Other Category                      Minority                       Physical Disability                       EWS

5. Religion :                      Hindu                       Muslim                       Christian                       Any other

6. Nationality                     

7. Sex                      Male                       Female

6. Father's Name

7. Father's Occupation \_\_\_\_\_, Annual Income \_\_\_\_\_

8. Mother's Name

9. Mother's Occupation \_\_\_\_\_, Annual Income \_\_\_\_\_

10. Full Permanent Address

City

District

Pin Code  State

Whatsup No.

Mobile No.

E-mail \_\_\_\_\_

11. Present address  
If any

City

District

Pin Code  State

Whatsup No.

Mobile No.

E-mail \_\_\_\_\_

12. Local Address  
(If any) Please  
enclose photo of  
local guardian


Whats up No. 

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Mobile No. 

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E-mail \_\_\_\_\_

13. Student's Adhar Card 

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Student's PAN Card 

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Father's Adhar Card 

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Mother's Adhar Card 

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**14. Educational Profile:**

◆ Percentage of 10th Standard \_\_\_\_\_ Name of Board \_\_\_\_\_

◆ Percentage of 12th Standard \_\_\_\_\_ Name of Board \_\_\_\_\_

◆ Year of Passing 12th Standard \_\_\_\_\_

◆ Percentage of Physics, Chemistry, Biology (PCB) \_\_\_\_\_

**Physics:** Maximum Marks \_\_\_\_\_ Marks Obtained \_\_\_\_\_

**Chemistry:** Maximum Marks \_\_\_\_\_ Marks Obtained \_\_\_\_\_

**Biology:** Maximum Marks \_\_\_\_\_ Marks Obtained \_\_\_\_\_

**English:** Maximum Marks \_\_\_\_\_ Marks Obtained \_\_\_\_\_

**Hindi/other subject:** Maximum Marks \_\_\_\_\_ Marks Obtained \_\_\_\_\_

**Total Maximum Marks** \_\_\_\_\_ **Total Marks Obtained** \_\_\_\_\_

*Signature of Student*

*Signature Guardian*

**MEDICAL CERTIFICATE**

**(Candidate to be Examined by a Registered Medical Practitioner Only)**  
**(To be submitted at the time of admission)**

This is to certify that Ms/Mr.....D/o.....

Age.....has been examined by me on / / 2023. She/he is physically and mentally fit to seek admission in B.Sc. /M.Sc. Nursing Course. Her examination findings are -

B.P. \_\_\_\_\_ CVS \_\_\_\_\_

Pulse \_\_\_\_\_ CNS \_\_\_\_\_

Respiration \_\_\_\_\_ Integumentary (Skin) \_\_\_\_\_

Blood Group \_\_\_\_\_ Nephrology \_\_\_\_\_

Haemoglobin \_\_\_\_\_ Neurology \_\_\_\_\_

Urine Routine \_\_\_\_\_ Sense Organs

Eye \_\_\_\_\_ Ear \_\_\_\_\_ Nose \_\_\_\_\_

Mental Status (H/o Mental illness etc.) \_\_\_\_\_

History of any past illness \_\_\_\_\_ Genitourinary \_\_\_\_\_

For girls - Menstrual History \_\_\_\_\_ Menstrual Cycle \_\_\_\_\_

Any systematic disorder Yes  No

If yes specify

Immunization status if done \_\_\_\_\_

COVID-19 Vaccination Certificate (Enclose) - Date of 1st Dose \_\_\_\_\_ Date of 2nd Dose \_\_\_\_\_

Booster Dose -

Hepatitis -

Remarks : **She/he is medically fit/Unfit to seek admission in B.Sc./M.Sc. Nursing Course.**

(In case of any illness/infirmity please write detail comments).

Medical doctor need to write remarks mentioned above his/her own hand writing.

Place:

Date:

Signature of Medical Officer  
Registration No. & Seal