



**Bishop Conrad Memorial  
College of Nursing (B.C.M.)  
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**Application No:**

## **Application for BSc Nursing (4 years course)**

**(Please read the Prospectus carefully before filling up this form.  
The form must be filled in by the applicant herself)**

Self attested  
passport size  
photo to be  
pasted here.

1. Name in BLOCK letters :  
(As shown in High School Certificate)
2. Present Postal Address (Local- U.P.) :
3. Age :
4. Date of Birth :
5. Sex :
6. Religion :
7. Caste- SC/ST/ OBC/ General (Please tick (√) mark on the appropriate one)  
**(Attach attested true copies of the certificates)**
8. (a) Name of the Father/ Guardian :  
(b) Occupation of Father/ Guardian :  
(c) Name of the Mother :  
(d) Phone No. of Guardian/ Family members:  
(Mobile numbers of minimum 2 people who  
are locals and are not related) :
9. Permanent Address :
10. Have you had any surgery in the Past? Yes/No if yes for What?.....

11. Have you suffered any serious illness in the past, like Tuberculosis, malaria etc.? Yes/No if yes what?.....

12. Do you know English? (Please tick (✓) mark on the appropriate answer)  
to read.....Yes/No.....to write..... Yes/No.....to follow lecture..... Yes/No....

13. State in your own words why you wish to do nursing.....

14. Has any of your relatives studied in this institute? Yes/No If yes give the full name.....

15. Is any of your relative studying at present in this institute? Yes/No If yes give the full name  
.....

**16. Educational Qualification**

Name of the Examinations passed	Subjects Studied	Medium of Instruction	Year of Passing	No. of times exam Attempted	Total Marks	Percentage	Percentage of English
Matric/10 <sup>th</sup>  /SSLC							
Intermediate/  10+ 2							
Any other							

Date:

Signature of the candidate: