



**Bishop Conrad Memorial
College of Nursing (B.C.M.)
Khairabad, Pin-261131
Sitapur Distt (U.P.)
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E-mail: bcmnsgs@rediffmail.com**

Application No:

Application for GNM (3 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 th /SSLC							
Intermediate/ 10+ 2							
Any other							

Date:

Signature of the candidate: