

## BISHOP CONRAD MEMORIAL (B.C.M.) COLLEGE OF NURSING

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	Appl. No.:	(Session: 202.	Affix your recent passport size photograph here												
Со	ourse Applied For (Please	e Tick 🗸)													
Dip	iploma in General Nursing & Mid	wifery (3 Years)													
Bas	asic B.Sc. Nursing (4 Years)														
			e filling in the application form complete form will not be consi												
1.	Name of Applicant (BLOCK I	f Applicant (BLOCK Letters) (As in High School Certificate)													
2.	Date of Birth	3.	Age (Years)												
4.	Father's Name/Husband (Pleas	se Tick and fill)													
5.	Mother's Name														
6.	Sex	7.	Marital Status (Please Tick ✓)												
0.		,,	Single Married												
8.	Religion														
9.	Caste: SC/ST/ OBC/ General (	(Enclose Certificate	ecopy)												
10.	). Postal Address														
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Date : .....

Signature of the Receiver .....