

**JASLOK COLLEGE OF NURSING
JASLOK HOSPITAL & RESEARCH CENTRE**

15, Dr. G. Deshmukh Marg, Mumbai- 400 026.
Tel. No. : 022-66573006/3039, Email – jcn@jaslokhospital.net

Passport
Size
Photograph
of the
Candidate

Basic Bsc Nursing Course

APPLICATION FORM

Name of the Candidate (as per HSC certificate)	
Father Name	
Mother Name	
Date of Birth	
Gender	Male / Female
Nationality status	Indian / NRI / Foreigner
Marital status	Married / Unmarried
Mother tongue	
Religion	
Caste	Open / OBC / SC / NT / others
Domicile	Maharashtra /other than Maharashtra (specify) _____
Permanent Address	
Telephone / Mobile No.	
Present Address	
Telephone / Mobile No.	

Examination Passed	Attempt	Board /University	Month & Year	Marks			Grade
				Obtained	Max	%	
SSC / SSLC / CBSE							
H SC / Equivalent							

Entrance Examination Passed	Entrance Examination Seat No.	Marks		Merit List No.
		Obtained	Max	
NEET				

Extra curricular activities: - _____

Awards / Prizes: - _____

References: - (Person not related to the applicant)

Details	Reference 1	Reference 2
Name		
Occupation / Position		
Address		
Tel. / Mobile no,		

Please enclose photocopies of the following: -(Pls. tick mark if available)

- | | |
|---|----------|
| 1. Nationality Certificate / Passport / Birth Certificate | Yes / No |
| 2. SSC / Equivalent Board Certificate | Yes / No |
| 3. HSC / Equivalent Mark Sheet | Yes / No |
| 4. NEET Mark Sheet | Yes / No |
| 5. Caste Certificate (if applicable) | Yes / No |
| 6. Caste Validity Certificate (if applicable) | Yes / No |
| 7. Non Creamy layer Certificate (only for OBC, VJ, NT, SBC) | Yes / No |
| 8. School or College Leaving / Transfer Certificate | Yes / No |
| 9. Domicile Certificate | Yes / No |
| 10. Migration Certificate (if applicable) | Yes / No |
| 11. Gap Certificate (if applicable) | Yes / No |
| 12. Physically Handicap Certificate (if applicable) | Yes / No |
| 13. Equivalency Certificate (if applicable) | Yes / No |

DECLARATION

1. I, _____ hereby declare that the information given above are true to best of my knowledge, if found incorrect I am fully aware that my admission will stand cancelled with no refund of fees or prior notice

2. I have carefully read the information given in the prospectus and agree to abide by the rules and regulations laid down by the Jaslok College of Nursing and Jaslok Hospital and Research Center from time to time.

3. I have read the information regarding the training programme and am fully aware of the natural risk involved during traveling and rural posting and agree for the rotations of clinical posting as required.

Signature of the Candidate: - _____

Signature of the Parent / Guardian: - _____

For Office use only

Date of issue of form: - _____

Date of receiving the form: - _____

Signature of Admission Clerk: - _____

Fees Paid: - _____

Date of Joining: - _____

Verified By: - _____

Signature of Principal: - _____