



**B.SC NURSING APPLICATION FORM**  
**2025 - 2026**

Passport Photo

**SECTION – I : PERSONAL DETAILS**

Name (Capital Letter) :	Contact No. :
Father's Name :	Contact No. :
Mother's Name :	Contact No. :
Guardian's Name :	Contact No. :
Email :	Date of Birth :
Marital Status: Single /Married / Widowed / Single Parent	Religion :
Permanent Address :	Present Address :
Denomination :	Caste : SC / ST / OBC / General / NRI
Any Disability ( certificate should be produced) :	

**SECTION – II : EDUCATIONAL STATUS**

Standard	School / Institution	Board	Division	Percentage		Year Of Passing
HSLC						
HSSLC				Physics		
				Chemistry		
				Biology		
Others						

**SECTION – III : DOCUMENTS TO BE ATTACHED (SELF ATTESTED)**

HSLC Marksheet & Certificate		Others Educational Certificate (if available)	
HSSLC Marksheet & Certificate		Migration Certificate for Other State / NRI	
Residential Certificate		Tribal / Caste / OBC / General Certificate	

## **DECLARATION BY THE CANDIDATE**

I affirm that the particulars stated above are true to the best of my knowledge and belief. I have thoroughly read the prospectus and agree to abide by the terms and conditions contained therein. I understand that any false statement or ineligibility discovered at a later date may result in actions taken by the Institution as deemed fit and proper. I also pledge to abide by the final decision of the Selection Board.

Date : \_\_\_\_\_  
Name & Signature of Applicant

## **DECLARATION BY THE PARENTS / GUARDIAN**

In the event of my son/daughter \_\_\_\_\_,  
being admitted to the Bachelor of Science in Nursing at Aizawl College of Nursing, Ramrikawn - Tuivamit,  
I undertake the responsibility for his/her conduct both within and outside the College premises. Additionally,  
I commit to paying his/her course fees in the said College in a timely manner.

I understand that according to the College rules, a clinical attendance of 100% and theory attendance of 80% is required in each semester.

Furthermore, I acknowledge that fees once paid are non-refundable.

Date : \_\_\_\_\_  
Name & Signature of Parent/ Guardian