

Institute Of Nursing
Bangalore Baptist Hospital
Bellary Road, Hebbal Bangalore 560024. India

Application Form for Admission
B. SC Nursing / GNM Programme (for the academic year 2025-2026)

Please Tick the Course ☐ B.SC ☐ GNM

Applicant
photograph

1. Name in Full (As entered in SSLC Marks Card) :
2. Name of the Parents / Guardian :
(Please mention Father's & Mother's Name)
3. Occupation of the Parents :
4. No of Siblings :
5. Permanent Address :

6. Place of Birth :

7. Date of Birth :

8. Blood Group :

9. Gender : ☐ Male ☐ Female ☐ Others

10. Telephone Number Mobile (Self) :

Mobile (Parents/Guardian) :

Email Id (Self) :

Email Id(Parents) :

11. NRI(attach copy of passport) :

12. Religion / Caste (Attach copy of caste Certificate) :

13. Marital Status :

14. Do you have any health problems? : Yes / No

If yes specify _____

15. Do you take any regular medication : Yes / No

If yes specify _____

16. Any History of Surgery : Yes / No

If yes specify _____

17. Name , Mobile Number }
Of a Relative who can be notified in case of Emergency } :

18. The following documents to be submitted along with the application

- Photo Copy of SSLC / HSSLC (II PU) Marks list
- Photo copy of Transfer Certificate
- 2 Latest Photos (Passport Size)
- Xerox copy of Aadhar Card

19. Candidates from other states must submit the certificate mentioned below on the day of admission

- Migration certificate for GNM Programme
- Eligibility certificate for B. Sc Programme (From Rajiv Gandhi University of Health & Sciences, Bangalore)
- Eligibility certificate for NRI Candidate (Please contact Nursing Institute office for further information 080-22024399)

Please Note:

- GNM Admission confirmation will be subject to approval from BNESIB-CMAI
- B. Sc admission confirmation will be subject to the approval from RGUHS
- Admission confirmation for both the programme is subject to medical fitness certificate from Bangalore Baptist Hospital only.

DECLARATION BY CANDIDATE

I hereby declare that the information mentioned above is true to the best of my knowledge. I understand the terms & conditions for the B.SC Nursing / GNM programme at Bangalore Baptist Hospital and promise to abide by the rules of the institution.

Place:

Signature of the Candidate

Date:

Signature of the Father / Guardian