

# 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 2023-2024)

Please Tick the Course  BSC  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. Permanent Address :

4. Place of Birth :

5. Date of Birth :

6. Blood Group :

7. Gender :  Female  Others

8. Telephone Number      Mobile (Self) :

Mobile (Parents/Guardian) :

Email Id (Self) :

9. Nationality / State :
10. Religion / Caste :
11. Marital Status :
12. Highest educational qualification :
13. Year of passing XII/PUC :
14. History of major illness :
15. Academic record

	<i>Examination State</i>	<i>Institution</i>	<i>Year</i>	<i>Subjects</i>	<i>Marks Obtained</i>	<i>Maximum Marks</i>	<i>No .of Attempts</i>
<b>10<sup>th</sup> Standard</b>							
	<b>Total</b>						
	<i>Examination State</i>	<i>Institution</i>	<i>Year</i>	<i>Subjects</i>	<i>Marks Obtained</i>	<i>Maximum Marks</i>	<i>No .of Attempts</i>
<b>12<sup>th</sup> Standard / II PUC</b>							
	<b>Total</b>						

16. Name , Address, Occupation & Mobile Number }  
Of a Relative who can notified in case of Emergency }

17. Are you applying for sponsorship for B. Sc Nursing : Yes  No   
(Download sponsorship form and attach along with this application)

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

- Xerox Copies of SSLC / HSSLC (II PU) Marks list
- Xerox Copies of Transfer Certificate
- Medical Fitness Certificate
- 3 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)

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

### **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



# Bangalore Baptist Hospital

## Rebekah Ann Naylor Institute of Nursing

### HEALTH ASSESSMENT FORM

Name ..... Sex ..... Date of birth .....

Address .....

.....

### FAMILY HEALTH RECORD

Family Members	Age	Disease in the Family (Specify Diabetes, Hypertension, Heart Disease, Mental Diseases, Epilepsy, Tuberculosis, leprosy etc.)	If anyone dead	
			Date	Cause
Father				
Mother				
Siblings				

#### PERSONAL HISTORY:

1. Illness during childhood (0-12 years) : .....
2. Subsequent illness (After 12 years) : .....
3. Physical disability (Specify) : .....
4. Physical defects (Specify) : .....
5. Allergy : .....
  - a. Type of reaction : .....
  - b. Cause of allergy-  
(drug, food, cosmetics, dust-specify, mention seriousness of reaction) : .....
6. Use of spectacles (specify eye defect & age when started using) : .....

7. If female-menstrual periods : .....
- a. Age when started : .....
- b. Frequency : .....
- c. Duration : .....
- d. Pain during cycle: No/yes : .....
8. Any other : .....
9. Regular use of any Medication : .....

### MEDICAL EXAMINATION

Height : ..... cms                      weight : ..... Kg

T ..... °C/ °F      P...../mt              R...../mt              BP.....mm

#### Health Status

#### Observations

- Nutritional : .....
- Cardio-vascular System : .....
- Respiratory System : .....
- Skeletal System : .....
- Gastrointestinal System : .....
- Nervous System : .....
- Urinary System : .....
- Endocrinology : .....
- ENT : .....
- Others : .....
- Remarks : .....

Date & Signature of the Medical Officer : .....

**DETAILS OF IMMUNIZATIONS:**

Date	Vaccine	Remarks

Date:

Signature of certified Doctor with seal





# Bangalore Baptist Hospital

## Rebekah Ann Naylor Institute of Nursing

### Sponsorship Request Form

Date: .....

To  
**The Sponsorship committee**  
Bangalore Baptist Hospital

Subject: Requesting for Sponsorship

I Ms. .... D/o Mr. ....

would like to apply for sponsorship for B.Sc(N)  GNM  programme at Bangalore Baptist Hospital, College of Nursing. I am given to understand that if I am sponsored required to serve Bangalore Baptist Hospital for a minimum of 2 years after successful completion of the programme.

Thanking you,

Student Name: ..... Parent/Guardian: .....

Signature: ..... Signature: .....