

**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 2024-2025)**

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. History of major illness :
13. Name , Occupation & Mobile Number  
Of a Relative who can notified in case of Emergency } :
14. 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
  - 2 Latest Photos ( Passport Size)
  - Xerox copy of Aadhar Card
15. 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