

**(B.Sc.)**  
**S.D.P.S COLLEGE OF NURSING**  
Khandwa Road, Opp Bilawali Tank, Indore-7 (M.P.)

**Form No.....**

Please fill this form and return  
it to us by return of post.

PHOTO

Application form for course  
(To be filled in by the candidate  
in her own handwriting.)

1. FULL NAME (In Block Letters) :

2. Father's name & Occupation :

3. Mother's Name & Occupation :

4. ST/ SC/ OBC :

5. Full Permanent Address :

6. Present Address :

\_\_\_\_\_ Contact No \_\_\_\_\_

7. Date & Place of Birth :

8. Give below particulars of all Academic and Technical / Professional Examinations  
passed and Degree / Diploma obtained.

Name of Exam	Class Div.	Name of School/ College	Subjects taken	Year of passing	No of attempts	If any Academic Distinction/ Scholarship	Enclosures

9. Give the names and addresses of two persons as references.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

10. **Note :** (1) Applicants may specify additional qualification or experience in one Blank paper and attach the same to this form.  
(2) Please attach attested copies of the certificates and testimonials. Originals should not be sent.  
(3) Students are expected to produce original certificates at the time of Interview.

11. Declaration to be signed by the candidate:-

“ I hereby declare that the entries in this form are true to the best of my knowledge and belief.”

**Place:**.....

**Date :**.....

**Signature of applicant.**