RAIPUR RABINDRA VIVEK NURSING INSTITUTE

SAPAR, CHANDRAHATI, PURBA BARDHAMAN, 713102

ADMISSION FORM SL NO: …….

PLEASE FILL IN BLOCK LETTERS

Session :…… Course Name*: B.Sc Nursing

Nursing

Name of the candidate*_____

Father's Name*_____

Mother's name*_____

Guardian Name*_____

Guardian Mobile No*_____Relationship with Guardian*_____

Caste*: General /sc / st /obc ☐ Religion*: Hindu ☐ Muslim ☐ Others ☐

Marital status* : single ☐ Married ☐ Divorced ☐ Gender*:M/F/T ☐

Aadhaar Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Physical with disability*: yes ☐ No ☐ D.O.B* ☐☐ ☐☐ ☐☐☐☐

Contact Details*:

Village/Town_____

State*-_____District*_____

P.S*_____Post office _____

Pin code*_____Email.id *:_____

Student Mobile No*:_____Student whatsapp No *:_____

B.sc Entrance Examination **JENPAH / NEET***: ☐ If yes put your Rank : ☐

Hosteler*: Yes ☐ No ☐

Education Qulification*:

Exam	Board/university	Year	Total Marks	Obtain Marks	Percentage
M.P. or Equivalent					
H.S					

H.S Subject

SUB-1	SUB-2	SUB-3	SUB-4	SUB-5

Date…… Full signature of the candidate

Student Name: ……

Guardian's Name :…….

1.**TOTAL FEES :** …….. 2.1st Payment: ……

1st year

At the time of Admission : 61000 + 49000= 110000/-……..

November' 25 : 25000/- …….
February'26: 25000/- ……..
June'26; 24000/- ……..

2nd year

August'26:48000/- ……..
November'26:25000/- ……..
February'27:25000/- ……..
June'27:24000/- ……..

3rd year

August '27:48000/- …….
November'27:25000/- ……....
February'28:25000/- ……
June'28:24000/- ……..

4th year

August'28:48000/- .....
November'28:25000/- ……..
February'29:25000/- ……
June'29:24000/- ……

Note: registration fees, exam form fill up per sem , Documents verification, uniform extra.

Guardian's signature with Date **Signature with stamp**

Documents required :- M.P -Admit,Marksheet, Certificate, H.S-Marksheet, Certificate,Photo-5 copies, Original school leaving certificate, Domicile Certificate, Medical certificate.