

RITEE COLLEGE OF NURSING (RITCON), RAIPUR



(Under the Aegis of Mahanadi Education Society)
Approved by Indian Nursing Council, New Delhi & Recognized by C.G. Nurses Registration council, Raipur.
Affiliated to Pt. D. D. U. Memo. Health Sciences & Ayush University of Chhattisgarh, Raipur.

Application No:.....

APPLICATION FORM

FOR

Admission into B. Sc (Nursing) course for the Session 2018-19

Note: Fill up the form in CAPITAL LETTERS only by using ball point pen.

Please affix
Latest
Passport size
colour photo

1. Name of the Candidate:.....
2. Date of Birth.....; Age:.....; Sex: Male / Female
3. Category: General OBC SC ST
4. Sub Caste:.....; Religion:.....; Nationality:.....
5. Blood Group:.....; Marital Status:
6. Father's / Husband's Name :Occupation.....
7. Mother's Name :Occupation.....
8. Permanent Address :
.....
.....Pin.....
9. Contact No: Mobile:.....Phone:.....
10. Aadhar Card No.; e-mail id:.....
11. Educational Qualification:
 - a) Year of passing class 12th Class :.....
 - b) Name of the Board from where class 12th passed:.....
 - c) Marks in class 12th :
 - (i) Physics.....out of
 - (ii) Chemistry.....out of.....
 - (iii) Biology.....out of.....
 - (iv) English.....out of.....
 - (v) Percentage of Marks in PCB:.....%
12. Chhattisgarh B.Sc Nursing Entrance Exam-2018: a). Marks:.....out of.....;
b). Over all Rank:.....; c). Category Rank:.....
13. Enclosures: Attested Photo copy of,
 - i). Class 10th Mark sheet
 - ii). Class 12th Mark sheet
 - iii). Mark sheet of Entrance Exam-2018
 - iv). Admit Card of Entrance Exam-2018
 - v). Domicile Certificate & Aadhar Card
 - vi). Caste Certificate
 - vii). Income Certificate issued by Tehsildar
 - viii). Transfer Certificate
 - ix). Gap Certificate, if necessary
 - x). Migration Certificate, if necessary
 - xi). Allotment Letter, Medical fitness Certificate
 - xii). Passport size Photograph – 10 Nos.

DECLARATION

I affirm that the information furnished above is true to the best of my knowledge and belief, I understand that in the event of any of the information found wrong, the institute shall be free to take appropriate action against me including cancellation of the admission.

Place:.....

Date:.....

Signature of the Candidate

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Ph: 0771-3290850, 4036053, 2534854. Fax: 0771-2537634.

Campus : NH-6, Chhatauna, Mandir Hasaud. Raipur (C.G.)-492101 Ph: 9522173000, 9522174000
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