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. U. M Health Sciences & Ayush University of Chhattisgarh, Raipur.

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SINCE 1995	

	APP	LICATION FO	RM			
Application No:						
		FOR			Please affix	
Admission into P.B. I	3. Sc (Nu	rsing) course for	the Session	1 2017-18	Passport size colour photo	
Note: Fill up the form in	CAPITAL L	ETTERS only by us	ing ball point	pen.	colour photo	
1. Name of the Candid	date:		•••••			
2. Date of Birth	·····;	<u>Age:</u> ; Se:	x: <u>Mal</u> e / Fem	ale ^L		
3. Category: General	OBC	$\mathbf{c} \sqsubseteq \mathbf{s} \mathbf{c} \sqsubseteq \mathbf{s}$	ST			
4 Costo	. т	Policion.	. Noti	on oliteu		
4. Caste:		_	; Nau	onanty:	••••••	
5. Marital Status:						
6. Father's / Husband	's Name:	•••••	•••••	Occupation	n:	
7. Mother's Name	:.			Occupatio	n:	
8. Permanent Address	s :.				•••••	
			•••••	••••		
9. Contact No: Mobile: Phone:						
10. Name of the State N	Jursing Co	uncil registration d	one:	•••••	••••••	
11. Registration No	:	RN:RN	И:Va	lidity up to:		
10 F.l	- :			-		
12. Educational Qualifi	Year of	Name of the	Name of t	he Sul	oject % of	
No Qualification	passing	school	Board/Unive		died Marks	
	1 0		·	•		
		_			L	
13. Work Experience:						
S. Dogt	Dl.	an of work	Enom	m -	Total	
No Post	Place of work		From	То	experience	
1 1				1	1	

14. CG. P.B. B. Sc Nursing Entrance Exam-2017: a).Marks:.....out of......; b). Rank:......

15. Enclosures: Attested Photo copy of,

S. No	Documents to be Enclosed	Yes	No
1.	GNM Certificate		
2.	State Nursing Council Registration Certificate (RN & RM)		
3⋅	GNM Mark sheet		
4.	Experience Certificate		
5.	Mark sheet of Entrance Exam-2017		
6.	Class 10 th Mark sheet		
7.	Class 12 th Mark sheet		
8.	Domicile Certificate		
9.	Caste Certificate		
10.	Income Certificate issued by Tehsildar (Original)		
11.	Migration Certificate, if necessary (Original)		
12.	Medical fitness Certificate (Original)		
13.	Passport size Photograph – 10 Nos.		
14.	Allotment letter		
15.			
16.			

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

Head Office: Near Bal Ashram, Kutchery Chowk, Jail Road, Raipur (C.G.) - 492001

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

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

Website: www.ritcon.rit.edu.in E-mail: principal.nursing@rit.edu.in