

# 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 FORM

Application No:.....

FOR

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

Please affix  
Latest  
Passport size  
colour photo

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

- Name of the Candidate:.....
- Date of Birth.....; Age:.....; Sex: Male / Female
- Category: General  OBC  SC  ST
- Sub Caste:.....; Religion:.....; Nationality:.....
- Blood Group:.....; Marital Status: .....
- Father's / Husband's Name : .....Occupation:.....
- Mother's Name : .....Occupation:.....
- Permanent Address : .....  
.....  
.....Pin.....
- Contact No: ..... Mobile:.....Phone:.....
- Aadhar Card No. ....; e-mail id:.....
- Name of the State Nursing Council registration done:.....
- Registration No : RN:.....RM:.....Validity up to:.....

### 13. Educational Qualification:

S. No	Qualification	Year of passing	Name of the school	Name of the Board/University	Subject studied	% of Marks
1.	10 <sup>th</sup> Class					
2.	12 <sup>th</sup> Class					
3.	GNM					

### 14. Work Experience:

S. No	Post	Place of work	From	To	Total experience

15. CG. P.B. B. Sc Nursing Entrance Exam-2018: a).Marks:.....out of.....; b). Rank:.....

16. Enclosures: Attested Photo copy of,

S. No	Documents to be Enclosed	Yes	No
1.	10 <sup>th</sup> Mark sheet		
2.	12 <sup>th</sup> Class Mark sheet		
3.	GNM Mark sheet-1/2/3 yr/Internship		
4.	GNM / Diploma Certificate		
5.	State Nursing Council Registration Certificate (RN & RM)		
6.	Transfer Certificate		
7.	Experience Certificate		
8.	Gap Affidavit, if necessary		
9.	Mark sheet of Entrance Exam-2018		
10.	Admit card of Entrance Exam-2018		
11.	Domicile Certificate		
12.	Aadhar Card		
13.	Caste Certificate		
14.	Income Certificate issued by Tehsildar (Original)		
15.	Migration Certificate, if necessary		
16.	Medical fitness Certificate (Original)		
17.	Allotment letter		
18.	Eligibility certificate, if necessary		
19.	N.O.C & Reliving Order for inservice candidate		
20.	Self: Passport size Photograph – 15 Nos.		
21.	Father /Husband & Mother Passport size Photograph – Each 01 No.		
22.			

### **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](http://www.ritcon.rit.edu.in) E-mail: [princial.nursing@rit.edu.in](mailto:princial.nursing@rit.edu.in)