# Assam Nurses' Midwives' & Health Visitors' Council

(A statutory autonomous body constituted under the Assam Nurses', Midwives' and Health Visitors' Act, 1944.)

E-Mail: assamnursingcouncil@gmail.com, Website: www.assamnursingcouncil.com

O/o Director of Health Services Assam,3rd Floor, Hengrabari, Guwahati-36


## ASSAM NURSES' MIDWIVES' & HEALTH VISITORS' COUNCIL
## ENROLMENT FORM (B.Sc. Nursing)

**Instructions**

1. Fill in **BLOCK LETTERS** only.
2. Attach attested copies of required documents.

**Affix one recent passport-size photograph.**

### A. STUDENT DETAILS

**Full Name** ……

**Father's Name** ……

**Mother's Name** ……

**Date of Birth (DD/MM/YYYY)** ……/……/……..

**Gender** ☐ Male ☐ Female ☐ Other

**Category** ☐ GEN ☐ OBC ☐ SC ☐ ST ☐ Others _____

**Nationality** ……

**Aadhaar No.** …… **Mobile No**……..

**Email ID** ……

**Roll No** …… **Enrolment No**……

**Name of the Institute** ……

**Address** ……

……

Vill…….. Dist……. State…… PIN……..

### B. ACADEMIC DETAILS

| Particulars | Board | Year of Passing | Percentage (%) |
|---|---|---|---|
| **HSLC (10th)** | | | |
| **HS (12th)** | | | |

### C. ENTRANCE EXAMINATION DETAILS

Year…….. Roll No……. Rank…….. Marks……

### D. DOCUMENTS ENCLOSED (✓) (Attested by the Head of Institute)

☐ HS and HSLC Marksheet & Certificate ☐ HSLC & HS Admit Cards ☐ CEE Score Card

### E. DECLARATION

I hereby declare that the information furnished above is true and correct. I understand that any false information may lead to cancellation of my enrolment.

**Place:** _____ **Date:** _____ **Student Signature:** _____

### F. CERTIFICATION BY HEAD OF INSTITUTION

Certified that the above particulars have been verified from the original records and the student has been admitted to the **B.Sc. Nursing** course.

**Name of Head of Institution** **Designation** **Signature & Seal** **Date**