

GOVERNMENT B.Sc. NURSING COLLEGE, SRINAGAR

FORMAT OF APPLICATION FOR LEFT OVER SEATS FOR ADMISSION TO PARAMEDICAL DEGREE COURSES

SESSION: 2024- 25 (BATCH 2024)

1. Name: _____

2. S/o, D/o: _____

3. Permanent Address: _____

_____ Village/ Mohalla _____

4. District: _____

5. Gender _____

6. Address for Correspondence: _____

7. Mobile/ Phone No. _____

8. Category: _____

9. D.O.B : _____

10. Date of Submission of Application Format _____

11. Course Applied For _____

12. Documents enclosed:-

a) 10th pass marks certificate

b) 12th pass marks certificate

c) DOB certificate

d) Category certificate (issued by competent authority)

e) Domicile Certificate

13. Educational Qualification in detail:

Year of passing	Subjects	Max. Marks	Marks Obtained	% age	Grade	Registration No.	Name of the Board
12 th							

Signature of Applicant