



# Bharath Institute of Medical Sciences

## APPLICATION FORM

Affix your  
Passport size  
Photograph here

Admission No.  (Office use only)

COURSE \_\_\_\_\_ Academic Year \_\_\_\_\_

BSC NURSING ☐ BOT ☐ MIT ☐ EMT ☐ RCT ☐ AT&OT ☐ CCT ☐

Name of the Student : \_\_\_\_\_

Date of Birth :  Age : \_\_\_\_\_ Sex : M F

Aadhar No. : \_\_\_\_\_

Nationality : \_\_\_\_\_ Religion : \_\_\_\_\_ Blood Group : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Mother's Name : \_\_\_\_\_

Postal Address : \_\_\_\_\_

Street : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Pin code : \_\_\_\_\_

E- mail ID (candidate) : \_\_\_\_\_

Mobile number : \_\_\_\_\_  
(candidate)

Local Guardian's Name: \_\_\_\_\_

Address : \_\_\_\_\_

Mobile number : \_\_\_\_\_  
(Parent)

## Bharath Institute Of Medical Sciences

Documents Required Affix photocopies (Originals to be Produced at the time of selection interview)

- ☐ SSLC Marks Sheet
- ☐ II PUC / 10+2 / PDC Marks Sheet / 'A' Level
- ☐ Transfer Certificate
- ☐ Conduct Certificate (issued from institution last studied)
- ☐ Migration Certificate from the concerned university
- ☐ Recent 6 Passport & 6 Stamp size Colour Photographs
- ☐ Nativity, Income & Caste Certificate (SC/ST/Minority)
- ☐ Student Passport Visa (for foreign nationals)
- ☐ Cumulative Record along with syllabus pertaining to qualifying examination (for foreign nationals)
- ☐ Degree Certificate & Marks Sheet (PG Programs)

Qualified Examination Passed : \_\_\_\_\_ Registration No. : \_\_\_\_\_

Year of Passing : \_\_\_\_\_ Class/Grade obtained: \_\_\_\_\_ Board / University: \_\_\_\_\_

Marks obtained in the qualifying Examination : (Xerox copy attested)

Sl. No.	Subject	Marks Obtained	Percentage

DECLARATION

I / we pledge that all information provided herewith is true to the best of our knowledge. I /we fully agree to abide by all the policies, rules and regulations of the institution and in case of non-confirmation would accept the verdict of the institution as the final. I/we also understood and accept that in case of discontinuation of the course for any reasons. I/we shall forgo the entire fee including deposits paid to the institution and not claim any reimbursements for compensations. I / we assure and ready to pay the remaining fees of whole course.

Date :

Place :

Signature of Parent / Guardian

Signature of Student

FOR OFFICE USE ONLY

1st Year	2nd Year	3rd Year	4th Year

Description.....

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Parent

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Student

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Admitted by

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Principal

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Director / Secretary