



BISHOP BENZIGER COLLEGE OF NURSING

(Accredited by NAAC; Member of United Nations Academic Impact)

P.B No.46, Sastri Junction, Kollam-691001

Phone No: 0474-2765582, Fax No: 0474-2761801

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ADMISSION to B.Sc. NURSING COURSE for N.R.I. CATEGORY SEATS 2019-20

*Affix a recent
passport size
photograph
of the
applicant*

Application No.:

1 Name of the Applicant: (as in SSLC Certificate)								
2 Age & Date of Birth: (in Christian Era)	Age		Date	Month	Year			
3 Gender (Male / Female):								
4 Religion & Caste:								
5 Name of the Parent/Guardian: (with relationship)								
6 Postal Address: (with Pin Code)								
7 Telephone Number: (with STD Code)								
8 Mobile Number:								
9 E-mail Address: (Active E-mail ID)								
10 Details of Courses (S.S.L.C., Plus Two, Others):								
Std.	Name of the Institution Attended	Board	Year	Reg. No. of Final Exam	Marks/ Grade Obtained	Max. Marks	No. of Appea rances	
X								
XII								
Other								

11 a. Name and Address of Guardian with N.R.I. Status:	
b. Relationship of Applicant with N.R.I. Guardian:	

12 Marks Obtained in Qualifying Examination (Plus Two/Equivalent):			
Subject	Marks Obtained (2 nd Year)	Max. Marks (2 nd Year)	% of Marks (2 nd Year)
Part I – English			
Part II – Additional Language (_____)			
Part III – Optional Subjects			
1. Physics			
2. Chemistry			
3. Biology			
Total for Optional Subjects			

Place:

Date:

Signature of the Applicant

Details of the Application/Processing Fee enclosed:

	D.D. Number	Name of the Bank	Issuing Branch	Amount
				1,000.00