

Form No.

Registration Form

Regn No.



Quadra Institute of Nursing

(Approved by INC and Affiliated to Uttarakhand State Council & H.N.B. Medical University)
Near Montfort School, NH-58, Haridwar Road, Roorkee, Distt. Haridwar (Uttarakhand) PIN - 247667

Phone: +91-7351006822

E-mail: quadracampus@rediffmail.com

Website: www.quadracampus.com

G.N.M. () A.N.M. (), Post. Basic B.Sc. N (), B.Sc. N ()
Session – 2020 – 2021

1. Candidate Name (Capital Letter): _____

2. Father's Name: _____

3. Date of Birth: _____

4. Place of Birth: _____

5. Nationality: _____

6. Religion: _____

7. Gender: Male Female

8. Marital Status(U/M): _____

9. Physically Handicapped(Y/N): _____

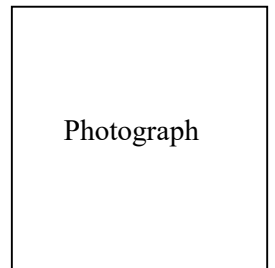
10. Category: GEN OBC SC ST

11. Mother Tongue: _____

12. E-Mail: _____

13. Address for Correspondence:- _____

14. Pin Code: _____



13. **Qualifications** (School finishing examination onwards)

Year	School/College	Board/University	Exam Passed	Main Subjects	Division %

14. **Hostel Accommodation:** Required / Not Required

Note:

I hereby certify that the information is true to the best of my knowledge and if the authorities find anything false, my candidature is liable to be cancelled at any stage of my training period.

Date:

Place:

(Signature of Applicant)
Mob No:

(Signature of Parents/Guardian)
Mob No:

Documents required:

1. High School Marksheet/Certificate (for Date of Birth)
2. Intermediate/Lsat Passing Marksheet/Certificate
3. ID Proof (DL/Adhar Card/Voter Id/Passport)
4. Registration No. of Affiliated Council

Bank Account Details: -

Bank Name: PNB I.I.T, Roorkee
Quadra School of Nursing
Account No. 4044002100006179
IFSC Code: PUNB0404400

Registration charges Rs.1000 (Non-Refundable) for B.Sc (N),P.B.B.Sc(N), ANM , GNM course. Enclose DD No.

_____ Date _____ drawn on _____ in favour of **Quadra School of Nursing** payable at Roorkee.