

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 – 2023-24

1. Name in 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: _____

Photograph

14. PinCode _____

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 Mark sheet/Certificate (for Date of Birth)
2. Intermediate Mark sheet/Certificate
3. ID Proof (DL /Aadhar Card /Voter Id /Passport)
4. Registration No. of Affiliated Council

Bank Account Details: -

Bank Name: **HDFC**
Branch: Civil Line Roorkee
Quadra School of Nursing
Account No. 50100391310127
IFSC Code: HDFC0009588

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.