

COLLEGE OF NURSING, DR. H.GORDON ROBERTS HOSPITAL SHILLONG

APPLICATION FORM FOR B.Sc NURSING COURSE 2025- 2026

1. Full Name in Block Letters _____
2. Email ID _____ Student's Phone No: _____
3. Date of Birth _____ Age _____
4. Father's Name/Guardian's Name _____ Phone No: _____
5. Father's Occupation _____
6. Mother's Name/ Guardian's Name _____ Phone No: _____
7. Mother's Occupation _____
8. Present Address _____
9. Permanent Address _____
10. Nationality _____
- * a. Category ST/ SC / OBC/ General (Upload Certificate) - _____
- * b. Persons with Disabilities (PWDs) Yes _____ No _____
11. Religion _____ 12. Marital Status _____
13. Language able to write and speak _____ 14. Mother Tongue _____
15. Any previous illness _____
16. Standard of Education / Percentage: _____ 17. CEE Score: _____
18. [Enclose: 10th & 12th Admit Cards, Board Mark Sheets and Board Certificates; Age Proof Certificate; Community Certificate]
19. Local Guardian:
Name _____
Address _____
Phone No (1). _____ Phone No (2). _____

Upload
Passport size
Photo 500 kb

Last date for submission of Application Form on or before the **30th May 2025** to the Office, College of Nursing, Dr. H. Gordon Roberts Hospital, Shillong. Meghalaya – 793002.

Note: Payment (Rs.300/-) mandatory before final submission of duly filled form.

Sd/
Principal
College of Nursing
Dr.H.Gordon Roberts Hospital
Shillong

Signature of Applicant

