

State Institute of Nursing & Para-medical Sciences, Badal (Muktsar)
APPLICATION FORM for admission to Post Basic B.Sc. Nursing Course, Session 2026

Entrance Test-26 Roll No. _____ Marks _____

1. Name (In block letters) : _____

2. Father's Name (In block letters): _____

3. Date of Birth: _____ Age (as on 31.12.2026) ____ Years ____ Months ____ Days

4. Category _____ Category Code _____ As given in prospectus

5. Resident Status Punjab/Other state _____ Nationality _____

Affix latest
passport size
attested
photograph

6. Address for correspondence (In block letters):

District _____
Phone No. _____ Mobile _____

Permanent Address (In block letters):

District _____
Phone No. _____ Mobile _____

7. Academic qualification :

Exam Passed	Year of passing	Name of School / College	University	Total marks	Marks secured	% age of marks secured
10th						
10+2						
GNM						

8. Registration No. :RN _____ RM _____ GNM From Punjab/Other State _____

9. Professional Experience:

Post	Name of Institution	Date		Total Experience	Remarks
		From	To		

Signature of the Candidate

Enclosures (please attach attested copies of the following documents):

S.N.	Document	Ticked by candidate	Remarks (for office use)
1	DMC 10 th and 10+2		
2	DMC GNM (all years)		
3	Character Certificate		
4	Registration Certificate RN/RM		
5	Domicile/Residence Certificate		
6	Certificate if applying under any reserve category		
7	Experience Certificate		
8	Self undertaking Having not availed any Residence benefit in any other state		