

TRIPURA NURSING COUNCIL

Form – A

Form of application for registration of the name of a student admitted to a recognized or approved institution

1. Name of the student (in full and in BLOCK letters) :
2. Father's / Husband's name (in full and in BLOCK letters) :
3. Mother's name (in BLOCK letters) :
4. Permanent address :
5. Present address (if different from item 4 above like hostel / rented house / others) :
6. Date of birth :

| | |
|--|--|
| | |
|--|--|

| | |
|--|--|
| | |
|--|--|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Day Month Year
7. Sex : Male / Female
8. Marital status : Married / Unmarried
9. Category belongs to : General / ST / SC / OBC / Minority
10. Nationality :
11. Qualification :
12. Percentage of marks obtained in HS (+2 Stage) / equivalent examination :
13. Date of admission :
14. Name of the institution to which admitted :
15. Name of the Warden / Hostel Superintendent :

(Signature of the Co-ordinator)

Date

(Signature of the Applicant)

Date

I do hereby certify that the above particulars are true of my knowledge.

Dated, the 20

(Signature of the PNO /
Principal with official seal)