



Health Care Nursing College

Laxmipur, Rajpara Rajshahi.
Phone : 01550-699010, 01302-217294
www.hcnc.edu.bd

Photo
(Open Ear)

Sl. No:

APPLICATION FORM FOR ADMISSION

Session 20.....

Course Diploma in Nursing Science & Midwifery (3 Years)
Course Diploma in Midwifery (3 Years) B.Sc. in Nursing Basic/Post Basic
(Please fill in Your Application With Own Hand-Writing)

Name English (Capital Letter)

Bangla (বাংলা)

Father's Name (English)

Occupation

Bangla (বাংলা)

Mother's Name (English)

Occupation

Bangla (বাংলা)

Date of Birth

Hight

Weight

Guardian's Name

Relation

Mobile No

Present Address-Village/House No

Post

Code

Thana/Upazila

District

Permanent Address-Village/House No

Post

Code

Thana/Upazila

District

Nationality

Religion

Marital Status

Sex (✓): Male

Female

NID No./Birth Certificate No

Mobile No

E-mail

Educational Qualifications

Sl. No	Level of Education	School/Institution/College	Group	Roll	Registration	GPA/Grade	Passing Year	Board/ Council/University	Country
01.									
02.									
03.									
04.									

Bank Draft Or Pay Order No

Issued Bank With Date

I here by honesty declare that all the above particulars are true. I also promise that I will follow all the rules, regulations and disciplines of this Institute during my course period.

N.B.: Students who admitted this institution without any cause he/she can't cancel his admission. If he/she cancels his admission he/she promises to carry 2 (two) years institutional charge must be pay.

Signature of Father's/Gurdain's

Signature of Applicant

Signature of Director Admin



Health Care Nursing College

Laxmipur, Rajpara Rajshahi.
Phone : 01550-699010, 01302-217294
www.hcnc.edu.bd

Photo
(Open Ear)

Sl. No:

ADMIT CARD

Admission Test Roll No

Name

Father's Name

Mother's Name

Exam Date

Time

Place

Signature of Applicant

Signature of Principal

Signature of Director Admin