

From No. TMMCNC / Adm. Test / N^o : 528



TMMC Nursing College

Konia (Targach), Board Bazar, Gazipur

Phone : 01756-305081

880-2-8319332, E-mail : tmmch@citechco.net, Web site : www.tmmch.com



BSc IN NURSING (POST BASIC) COURSE

SESSION :

PHOTO

Name (Block Letters) :

Father's Name :

Mother's Name :

Address for Communication :

Emergency Contact Number :

Result of:

Examination	Year	Group	G.P.A	Division/Grade	Board/BNC
S.S.C/O' Level					
H.S.C/ A' Level					
Diploma in Nursing					
Diploma in Midwifery /Equivalent course					

Service Information : List of Posts hold :

Name of Post	Institution/Hospital	Location	Duration with date

The following documents must be attached with the application form (Failing which the applicant will not be considered for admission test) :

- * Attested copies of S.S.C & H.S.C certificates and mark sheets.
- * Testimonials from the school and college authority.
- * Registration Card by BNC (English)
- * Four (4) copies of attested passport size and two (2) copies of stamp size photographs.
- * Nationality certificates.
- * Receipt of application form.
- * Character Certificate.

Condition for admission:

* Students will be admitted according to the rules & regulations of BANGLADESH NURSING COUNCIL & DHAKA UNIVERSITY.

* On the day of admission original SSC & HSC certificates and mark sheets are to be submitted.

* Every student will have to be declared physically fit by medical board of the institute.

1. Name (Block Letters)		
2. Postal Address: (Block Letters)		
3. a) Date of Birth:		
b) Country of Birth:		
c) Nationality:		
d) Blood group:		
4. Father's name:		
	Mother's name:	
	Permanent Address:	
Occupation of Father/ Mother:		
Nationality:		
Telephone No. (if any)	Ref.	Off.
5. Name of guardian (in absence of parents):		
Postal Address:		
Occupation:		

Telephone No:	
Relationship with the Candidate:	

6. Do you want to avail college hostel facilities?	Yes		No	
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7. Person to be contacted in emergency (Name, Telephone/Mobile, Relation):

8. Sports and/ or extracurricular activities/achievements:

9. Names, addresses and contact numbers of two referees:

(a)

(b)

Signature of Father/ Guardian	Signature of Candidate
Date.....	Date.....

10. DECLARATION:

I do hereby declare that this application form has been filled in by my own handwriting and that the information given here in is correct. I also declare that, If I am admitted, I shall abide by the rules and regulations of this Institute and the orders given by the institute authority from time to time during my period of study. I fully understand that the principal of TMMC NURSING INSTITUTE will have the full authority to expel / suspend me from the college for any infringement of the above undertaking.

Date.....20

Signature of Candidate

11. DECLARATION BY PARENT / GUARDIAN

do hereby declare that in the event of my son / daughter (write full name)

.....being successful in obtaining admission to **TMMC NURSING INSTITUTE** shall make all arrangements to the satisfaction of the institute authority for the timely payment of all dues, tuition fees and such other fees as may be required to be paid during the period of his / her studies at this institute. I fully understand that failing of payment of any dues in the stipulated time, institute authority / management will have all the right to cancel his / her studentship from **TMMC NURSING INSTITUTE**.