

Form No.

# Registration Form

Regn No.



## Quadra Institute of Nursing

(Approved by INC and Affiliated to Uttarakhand State Council & H.N.B. Medical University)  
 Near Montfort School, NH-58, Haridwar Road, Roorkee, Distt. Haridwar (Uttarakhand) PIN - 247667

Phone: +91-7351006822

E-mail: [quadracampus@rediffmail.com](mailto:quadracampus@rediffmail.com)

Website: [www.quadracampus.com](http://www.quadracampus.com)

**G.N.M. ( ) A.N.M. ( ), Post. Basic B.Sc. N ( ), B.Sc. N ( )**

1. Name in Capital Letter: \_\_\_\_\_

2. Father's Name: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Place of Birth: \_\_\_\_\_

5. Nationality: \_\_\_\_\_

6. Religion: \_\_\_\_\_

7. Gender: Male  Female

8. Marital Status (U/M): \_\_\_\_\_

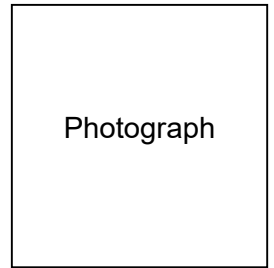
9. Physically Handicapped (Y/N): \_\_\_\_\_

10. Category: GEN  OBC  SC  ST  11. Mother Tongue: \_\_\_\_\_

12. E-Mail: \_\_\_\_\_

13. Address for Correspondence:- \_\_\_\_\_

14. PinCode: \_\_\_\_\_



13. **Qualifications** (School finishing examination onwards)

Year	School/College	Board/University	Exam Passed	Main Subjects	Division %

14. **Hostel Accommodation:** Required / Not Required

**Note:**

I hereby certify that the information is true to the best of my knowledge and if the authorities find anything false, my candidature is liable to be cancelled at any stage of my training period.

**Date:**

**Place:**

(Signature of Applicant)

Mob No:

(Signature of Parents/Guardian)

Mob No:

**Documents required:**

1. High School Marksheet/Certificate (for Date of Birth)
2. Intermediate Marksheet/Certificate
3. ID Proof (DL/Adhar Card/Voter Id/Passport)
4. Registration No. of Affiliated Council

Registration charges Rs.1000 for B.Sc (N),P.B.B.Sc(N) and Rs.500 for ANM and GNM course (Non-Refundable).

Enclose DD No. \_\_\_\_\_ Date \_\_\_\_\_ drawn on \_\_\_\_\_ in favour of **Quadra School of Nursing** payable at Roorkee.