



**PRIME COLLEGE OF NURSING, DHAKA**  
(an Initiative of Prime Bank Foundation)  
**Application Form**

**B.Sc in Post Basic Nursing - 2 Years**  
**Session: 2023-24 (6<sup>th</sup> Batch)**  
(Form should be filled up by Applicant)

Please attach  
**Photograph**

**1. Applicant's Name:**  
(In block letter)

**2. Father's/Husband/Spouse Name:**  
(In block letter)

**3. Mother's Name:**  
(In block letter)

**4. Address:**

a. **Permanent Address:**

b. **Present/Mailing:**  
**Address**

c. **Contact Information:**

**Mobile # (Self)** \_\_\_\_\_ **Mobile #(Guardian)** \_\_\_\_\_

**5. Occupation:**  
**Govt./Non Govt.** \_\_\_\_\_

**6. Family Income (Father/Mother/Others) Specify:** \_\_\_\_\_ **Tk.** \_\_\_\_\_ **per year/annual**

**7. Emergency Contact Address :**

**Name:** \_\_\_\_\_

**Relation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **e-mail** \_\_\_\_\_

Please attach  
**Photograph**

**8. Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(As per Certificate)  
dd mm yy

**9. Religion:** \_\_\_\_\_

**10. Blood Group:** \_\_\_\_\_

**11. Admission Exam Qualification:**

User ID	Admission Exam Roll	Test Score	Merit Score

**12. Educational Qualification:**

Examination	Board	Institution	Year	Result	Remarks
		School/ College		GPA/ Division	
Diploma In Nursing Science & Midwifery					
Diploma In Orthopaedic Nursing					
HSC (Science/Humanities /Commerce)					
SSC (Science/Humanities /Commerce)					

**13. Following Documents must be enclosed along with the application:**

- **Attested Copy Of:** -
  - i. Admit Card of Govt. Admission Test (Original)
  - ii. Govt. Admission Test Result Print Copy
  - iii. SSC & HSC or equivalent examination passed certificates
  - iv. SSC & HSC or equivalent examination transcripts
  - v. Registration Card of Diploma in Nursing Science & Midwifery/ Diploma in Midwifery/ Diploma in Orthopaedic Nursing
  - vi. Certificate of Diploma in Nursing Science & Midwifery/ Diploma in Midwifery / Diploma in Orthopaedic Nursing.
  - vii. 4 Passport size-coloured photographs, and
  - viii. 2 Passport size-coloured photographs of local guardians
  - ix. Certificate by the respective Mayor/Chairman/Ward Commissioner/Counsellor

**14. Current Working Place:**

Designation	Name of organization	Duration

**I hereby agree that all the information's given by me are true.**

**Applicant's Signature & Date:**

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