PRIME COLLEGE OF NURSING, DHAKA

(**an Initiative of Prime Bank Foundation**)
Admission Application Form
B.Sc in Post Basic Nursing - 2 Years
Session: 2025-26 (8th Batch)
(Form should be filled up by Applicant)

> **Please attach**
> **Photograph**

1. Applicant's Name:

English_____ বাংলা_____
(In block letter)

2. Father's Name:
English_____বাংলা_____
(In block letter)

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

4. Address:
a. Permanent Address:

Village: _____ **Post Office**: _____

Thana: _____ District: _____

b. Present/Mailing:

Address_____

_____

5. Contact Information:

Student's Phone_____ **Parents Phone**_____

6. Occupation:

Father _____

7. Family Income (Father/Mother/Others) Specify: _____ Tk._____ per year/annual

8. Resident/ Non-Resident: _____

9. Local Guardian:

Name: _____

Relation: _____

Address: _____

Phone _____E-mail_____

> **Please attach**
> **Photograph**

10. Date of Birth: _____/_____/_____ **11. Religion:** _____
    dd   mm   yy

12. Blood Group: _____ **13. NID/Birth Certificate No.:** _____

14. Admission Exam Information:

Admission Exam Roll	Test Score	Merit Score

15. Educational Qualification:

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

16. 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

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

Applicant's Signature & Date: **Referred By:**

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