

LIFE LINE NURSING COLLEGE



ADMISSION FORM

Courses:

- B.Sc in Nursing
- Diploma in Nursing Science & Midwifery
- Diploma in Midwifery

RP Tower, TB Gate, Sylhet – 3100, Bangladesh

Phone No: 01321-136790

Email: contact@lifelinenursingcollege.com, Web: www.lifelinenursingcollege.com



Admission Form

1 copy
of
Passport
Sized
Photo

Session: 2 0 - 2 0

1. Name of the Student: (Use capital letter)

(In English as per S.S.C Certificate)	
(বাংলায়)	

2. a) Father's Name:

(In English as per S.S.C Certificate)	
(বাংলায়)	
Contact Number	

b) Mother's Name:

(In English as per S.S.C Certificate)	
(বাংলায়)	
Contact Number	

3. Present Address	Village		Holding/House	
Road	P.O	P.S	District	

4. Permanent Address	Village		Holding/House	
Road	P.O	P.S	District	

5. Local Guardian in case of Emergency:

(Name, Address & Telephone/Mobile Number)	

6. Nationality	Bangladeshi
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7. Religion	
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8. Date of birth	/ /
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9. Marital Status	Unmarried
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10. Blood Group	
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11. Educational Qualifications:

Level	Name of the School & College	Board	Year of Passing	GPA
S.S.C				
H.S.C				
Total GPA				

12. Admission Test Information:

Roll	Test Score	Merit Score	Merit Position

13. Do you have any disability or special needs? (Please describe briefly):

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14. Particulars of the Financial Support Provider:

a. Name							
b. Occupation							
c. Yearly income							
d. Postal address	Village				Holding/House		
Road		P.O		P.S		District	
e. Telephone Number (if any)							
f. Mobile Number							

Students must enclose the following attested documents with the application form:

- a) Nursing Admission Admit Card Photocopy.
- b) Nursing Admission Result Copy.
- c) Photocopy of S.S.C and H.S.C marksheet.
- d) Two Copy passport size recent photographs.
- e) Original copy of money receipt for admission form.

Note: After successful completion of study, Nursing College will organize 6 months long internship in external hospitals and will provide internship allowances.

All information given above are true and if found any irregularity or false, any action including cancellation of admission may be taken against me without any notice.

(Signature of the Student)

Date:

Contact Number:

(Signature of the Guardian)

Date:

Contact Number:

Money Receipt Number		Date	
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