

Dinsha Patel College of Nursing, Nadiad

Guidance and Placement Cell

Registration Form (For Participation Campus)

DPCN Placement Date: _____ P.R. No: _____ (for office use)

Name: _____ Gender: _____

Roll No.: _____ Course: _____

Date of Birth: _____ Age: _____

Postal Address for Communication: _____

Student Mobile No.: _____ Parents Mobile No: _____

Email ID: _____

Photo

Academic Profile

Sr. No	Examination Name	Passed & Year	School/College,	University	Aggregate percentage	Remarks
1	S.S.C.					
2	H.S.C.					
3	FY-GNM/BSC					
4	SY- GNM/BSC					
5	TY- GNM/BSC					
6	FINAL BSC					

Title of Research Project:

Name of the Guide : _____

Details of Certificate Courses done (if any): _____

Technical Skills (Tick Mark) (Computer, Microsoft word, Power Point, Excel)

Are you Interested in Higher Education? Tick as appropriate Yes / No	Specify If Yes.
Indicate Your Dream company / Institute / firm	
Are you already placed in any company	
Indicate your Hobbies, if any:	

Declaration by the student above information is provided by me and it is correct and complete. I will provide the corresponding proof as a when required for the verification of the same.

Date: _____

Signature of the student: _____