

# Shankersinh Vaghela Bapu Institute of Nursing, Gandhinagar

Guidance and Placement Cell

## Registration Form (For Participation Campus)

SVBIN Placement Date: \_\_\_\_\_

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 BSC NURSING					
4	SY BSC NURSING					
5	TY BSC NURSING					
6	FINAL BSC NURSING					

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: \_\_\_\_\_