



रीजनल इंस्टिट्यूट ऑफ पैरामेडिकल एंड नर्सिंग साइंसेज REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCES

(भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, स्वायत्त संस्थान)
(An Autonomous Institute under Ministry of Health & Family Welfare, Govt. of India)

जेमाबोक, आईज़ोल, मिज़ौरम - 796017
Zemabawk, Aizawl, Mizoram - 796017

website: www.ripans.ac.in
ISO:9001:2015 Certified

Ph 0389-235021; Fax: 0389-2351130
email: ripans.aizawl@gmail.com
principalconripans@gmail.com

COLLEGE OF NURSING

APPLICATION FOR B.Sc (N)

TRANSCRIPT/TRANSFER/TESTIMONIAL/ COURSE COMPLETION/ CHARACTER CERFICATE

Date _____

To,

The Principal,
College of Nursing
RIPANS

Madam,

I have the honour to apply for issuance of TRANSCRIPT/TRANSFER/TESTIMONIAL/ COURSE COMPLETION/ CHARACTER CERFICATE. I will be grateful to you if you kindly consider my request.

My particulars are given below:-

1. Name (Capital letter) : _____
2. Father's Name : _____
3. Date of Birth : _____
4. Date of joining the course : _____
5. Date of completion : _____
6. University Roll No : _____
7. Residential Address : _____
8. Phone No : _____

Enclosed: Photocopy of Marksheet of 1st – IVth Year B.Sc(N)

The particulars given are correct to the best of knowledge.

Date:

(Signature)