



# रीजनल इंस्टिट्यूट ऑफ पेरामेडिकल एन्ड 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)

RIPANS

ज़ेमाबोक, आईज़ोल, मिज़ोरम - 796017  
Zemabawk, Aizawl, Mizoram - 796017

website: [www.ripans.ac.in](http://www.ripans.ac.in)

ISO:9001:2015 Certified

Ph 0389-235021; Fax: 0389-2351130

email: [ripans.aizawl@gmail.com](mailto:ripans.aizawl@gmail.com)

[principalconripans@gmail.com](mailto:principalconripans@gmail.com)

## COLLEGE OF NURSING

### APPLICATION FOR B.Sc (N)

### TRANSCRIPT/TRANSFER/TESTIMONIAL/ COURSE COMPLETION/ CHARACTER CERIFICATE

Date \_\_\_\_\_

To,

The Principal,  
College of Nursing  
RIPANS

Madam,

I have the honour to apply for issuance of TRANSCRIPT/TRANSFER/TESTIMONIAL/ COURSE COMPLETION/ CHARACTER CERIFICATE. 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 Marksheets of I<sup>st</sup> – IV<sup>th</sup> Year B.Sc(N)

The particulars given are correct to the best of knowledge.

Date:

(Signature)