

WYDEHI INSTITUTE OF NURSING SCIENCES & RESEARCH CENTRE

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APPLICATION FORM FOR 1⁵⁷ YEAR B.Sc.

Appln No. VINS/8	.sc: 879	NURSING COUR	SE 200	- 0					
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Declaration by the candidate:

I declare that the information provided in this application form is true to the best of my knowledge and belief.

Signature of the candidate

Date : _____