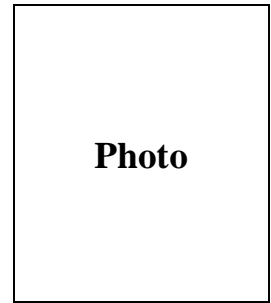


BIRENDER SINGH COLLEGE OF NURSING, UCHANA-JIND
APPLICATION FOR BUS PASS

1. Name.....
2. Father's Name.....
3. Class..... Roll No.....
4. Permanent Address.....
5. Place & Distance for making Pass UCHANA
to.....And Kms.
6. Mobile No.....



Student's Declaration

The above information provided by me is true and correct. I shall be fully responsible for the same, if it is found Incorrect at any stage Pass and legal action can be initiated against me.

Signature of the Student