School/College of Nursing **Padhar Hospital**

(A Unit of ELC in M.P)

P.O.Padhar, Dist. Betul-460005 (M.P) Phone: 8319683766, 9479861457 E-mail : <u>conpadhar@gmail.com</u> Application form for GNM/B.Sc. Nursing Admission

(TO be filled in by the applicant in block letter)

Student Profile :- I am applying for ______course

1. Name :____

 1. Name :

 2. Date of Birth;
 /
 /
 Sex:

- 3. Age :______years

 4. Father Name :______
- 5. Mother Name :_____
- 6. Permanent Address:_____

- 10. Educational Qualification :-

S.No	Examination Passed	Name of the School/Board	Year/Month	%Marks/Grade	Trial			
1.	10 th							
2.	12 th							
Additional Qualification								
1.	GNM 1 ST YEAR							
2.	GNM 2 ND YEAR							
3.	GNM 3 RD YEAR	1						
4.	INTERNSHIP							
Academic Achievements								

EXPERIENCE:

NO.	Name of Employer	Designation	Form	То	Total
1.					
2.					
3.					

11.Church Affiliation :- _____

12. Give the name and address o 1. Name : Designation :	
Address :	Address :
Mobile:	Mobile:
 Attach copy of following doc 10th Marksheet 12th Marksheet 	ruments with this form: -

- 2) 12th Marksheet
 3) Aadhar Card
 4) Caste Certificate (in case of ST/SC/OBC)

For office use only:

Category	General/ST/SC/OBC	
Gutegory	Quota :-	
Batch commencing on :-		
Application No :-		
Application received on :-		
Application fee paid (Receipt n		
Application status		