

4. Professional experience (No of yrs/ month)

a) Clinical

b) Teaching

5. Achievements:

a) Academic

b) Extra curricular

6. Hobbies

7. Health status: Height....., Weight..... Blood Group.....

Past history of any diseases:

8. Membership (Please specify) :

RN & RM :

9. References

a) Present employer- Name :

Address :

b) Principal of the professional College where studied-

Name :

Address :

10. How will you finance your education?

11. Hostel accommodation required Yes/No

13. Write reasons for doing Post Basic B. Sc. Nursing Course:

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14. Brief personal history

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I hereby declare that all the information furnished above is true & correct. If any information is found to be false at any time, I may be debarred from joining/studying the course.

Date:

Signature of the Candidate

I hereby declare that I undertake the legal & other full responsibility for

Ms.

Place..... Relationship..... Full Name

Contact No(s).....

Date:

Signature of Legal Guardian

15. Attested duplicate photocopy to be enclosed:

- i. HSLC, HS & GNM (N), Mark sheet & pass Certificate.
- ii. Experience certificate.
- iii. No objection certificate.
- iv. Migration certificate
- v. Medical certificate.
- vi. Two pass port size photo

Date:

Signature of the Candidate

FOR OFFICE USE ONLY

Application No Name

Allowed/Not allowed to seat for entrance test..... Roll. No.....

Selected/Not selected for admission Date of Admission.....

Date.....