

Dr. Jai Parkash Sharma Memorial School & College of Nursing

C/o Rajan Hospital, Near I.T.I., Workshop Road, Yamuna Nagar – 135001 PH-9354447770

APPLICATION FORM

TO BE FILLED IN BLOCK LETTERS ONLY BY THE CANDIDATE IN HIS/HER OWN HAND WRITING

1. Name of the Institute/College:.....

(Dr. Jai Parkash Memorial School & College of Nursing)

2. Name of the Program GNM Basic B.Sc. Nursing

(u whichever is applicable)

ANM/MPHW Post Basic B.Sc. Nursing

3. Name of the candidate.....

4. Date of Birth(in DD/MM/YYYY)

5. Sex (Please tick) Male Female

6. Marital Status (Please tick) Married Unmarried Divorce Widow without encumbrances

7. Father's Name.....

8. Mother's Name.....

9. Nationality..... State.....

10. Present Postal Address

Permanent Home Address

.....

.....

.....

Pin Code..... Pin Code.....

Tel. :(with STD code)..... Tel. :(with STD code).....

Mobile : Mobile :

11. Reserved Categories* (Please tick)

Schedule Caste

Physically Handicapped

Schedule Tribe

Locometer Disability

Backward Class

Ex-Serviceman & their wards

Wards of Ex-Serviceman

Dependent of Freedom Fighter

12. Academic Qualification

Exam	Board/University	Year of Passing	Roll No.	Subjects	Marks Obtained	Max Marks	% age of marks
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Matric

10+2 or
equivalent

G.N.M.

B.Sc./Post
Basic
Nursing

Signature of Father/Mother/Guardian

Signature of the applicant

Date :.....

Place:.....

Documents to be attached with application form (duly attested by Gazetted Officer)

1. Matric Certificate having date of birth.
2. 10+2 Certificate.
3. Character Certificate from the last institution attended.
4. Migration Certificate.
5. Caste Certificate.