

## **COLLEGE OF NURSING**

## HERBERTPUR CHRISTIAN HOSPITAL





Contact No. -8979482554, 7895628717. Email: hchschoolofnursing@gmail.com (Recognized By Uttarakhand Nurses & Midwives Council & affiliated HNBHU, Uttarakhand)

	Арр	lication No				
Cat	regory: General Sponsored Govt. Quota					
Application Form for GNM Nursing Training Program						
	INSTRUCTIONS TO THE CANDIDATE					
•	Read all the instructions before filling in the application Application should be filled in by the <b>Candidate's OWN HANDWRITING</b> Xerox copies of Mark Certificates and other testimonials duly attested should be attached Incomplete application forms will be summarily rejected Send six passport size photographs along with this application form. <b>PLEASE QUOTE APPLICATION NUMBER IN ALL COMMUNICATIONS</b>	Affix Recent Colour photograph				
1.	Applicant's Name (IN CAPITAL LETTERS)					
2.	Father's Name:					
3.	Occupation					
4.	Mailing Address					
	<u> </u>					
	Mobile No :Email					
5.	Permanent Address					
6.	Date of Birth (As Per High School Certificate)					
7.	Marital Status Gender Domicile					
	Height Birth Place					

8.	Natio	NationalityCast: ST/SC/OBC/GEN/OTHERS						
9.								
[		DETAILS FATH		ER/GURDIAN		MOTHER		
	Occup	Occupation		-				
	Annu	al Income	Rs.			Rs.		
10.	). If married, do you have children? How many? How many?							
	What is the occupation of your spouse?							
11		is your educational qualific	-					
		n did you leave your school,						
		ct taken in your high schoo					••••••	
13.	Subje	· · ·		uiate (+2) S		awaadiata ( : 2 )		
S.	No.	High School Subjects	Marks%	S. No.	Subjects	ermediate ( +2 )	Marks%	
		,						
14.	14. Extra-curricular activities: (SPORTS, NCC, PAINTING, DROWING, NSS, MUSIC, ANY OTHER)							
				••••••				
15.	5. Name, address and relationship of the person who will meet the financial requirements for training.							
16.	16. Mother tongue?							
17.	7. Other Language Other Language(s) Known (Speak)							
	(Read):(Write):							
18.	Religi	on						
19.	Have	you had any major illness i	n the past?					
	If yes,	Give details						

20.	. Please write very briefly why you want to become a nurse?					
21.4	PPLIC.	ATION FEE DETAILS				
	i.	Application fee paid amount (in words)				
	ii	Bank UTR details (Transaction détails)				
Dag	aratio					
Deci	aratio	<i>ı</i> .				
		plemnly and sincerely affirm that and belief.	the information furnished above is true and correct to the best of my			
Signature of Applicant Date:			Signature of Parent/Guardian Date :			
	••		Julie .			

## FOR OFFICE USE ONLY

Application Complete	Incomplete
Selected for Interview	·
Certificates and Mark Sheets Verified: Yes/ No	
Medical Exam / Lab/X-Ray Remarks	
Results of interview: Selected/ Not selected/ Wait List	

## **Documents required**

All particulars required in the application form need to be written carefully. If a candidate furnishes false information, her admission will be cancelled at any stage and fees paid will not be refunded. The complete application form should be accompanied by the following documents.

- 1) Affix Recent Color Photograph.
- 2) Four recent passport size photo graphs in a envelop.
- 3) An attested copy of class 10 marks sheet and certificate showing the date of birth (no other evidence of candidate's date of birth will be accepted)
- 4) An attested true copy of mark sheet and certificate of 10 + 2 examination.
- 5) An attested true copy of character certificate from the Principal / Head of the school / college last attended.
- 6) Domicile certificate.
- 7) Gap certificate
- 8) Transfer certificate
- Migration Certificate from the School/college last attended.
- 10) Cast certificate if any
- 11) Copy of Adhar card