



EMMANUEL HOSPITAL ASSOCIATION
SCHOOL OF NURSING, CHRISTIAN HOSPITAL CHHATARPUR
(Recognized by Indian Nursing Council)

Application No:

Roll No.

Category: Sponsored <input type="checkbox"/>	School of Nursing, Christian Hospital Chhatarpur. Dist Chhatarpur, Madhya Pradesh – 471001 Ph: 07682-249317 or 09755800578 Email: schoolchc@eha-health.org
General <input type="checkbox"/>	

APPLICATION FOR ADMISSION TO GNM TRAINING 2021

INSTRUCTIONS TO THE CANDIDATE

1. Read all the instructions before filling in the application
2. Please make sure you are eligible to apply before sending application.
3. This form should be filled in legibly with applicant's own handwriting.
4. Insert NIL, if there is no answer to question/ Tick wherever applicable
5. Xerox copies of Mark Certificates and other testimonials duly attested should be attached (**10th & 12th Marksheet and certificates, TC, character certificate, sponsorship letter**) (originals should be produced at the time of interview)
6. Incomplete application forms will be summarily rejected
7. **PLEASE QUOTE APPLICATION NUMBER IN ALL COMMUNICATIONS**
8. Last date for submission of filled Application form - on or before 15th June 2021 (subject to change in current situation)

Affix
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GENERAL INFORMATION

1. Name (**in CAPITAL letters as entered in 10th**)
2. Address for Communication
- Pin Code Phone Mobile
- Email Fax
3. Permanent Address
4. Date of Birth Age
5. Marital Status Sex

6. Height Weight
 Nationality Domicile State

7. Information about Parents

DETAILS	FATHER/ GUARDIAN	MOTHER
Name		
Occupation		
Designation		
Annual Income	Rs.	Rs.

- When a parent is alive (either father or mother), the question of guardian does not arise
- If mother is also employed, occupation should be given
- Enclose Income certificate from the employer / Zonal Deputy Tahsildar

8. If married, number of children Their ages

9. Applicant's Educational Qualification

10. Subjects taken in High School and Intermediate (+2) studies:

High School year

Subjects	Marks %
TOTAL	

Intermediate (+2) year.....

Subjects	Marks %
TOTAL	

11. Extra curricular activities: - (SPORTS, NCC, SCOUTS, NSS, MUSIC, ANY OTHER)

.....

12. Have you done any other nurses training before? If so, give details

.....

13. Name of the person who meet the financial requirements for training
(if you are sponsored, a letter from the sponsoring body or person should be sent along with the application)

14. **OTHER DETAILS:-**

- a. Mother Tongue :
- b. Other Language(s) Known(speak):
- Read :..... (write) :
- c. Religion :
- If, Christian, Denomination.....
- d. Name & Address of your Pastor / Elder

15. Have you had any major illness in the past?.....
If yes, give details

16. After completion of your training you will be posted in any one of the EHA hospitals to complete your commitment of service. Do you agree to this?
(Not applicable for unsubsidized fee candidates)

17. Why do you want to become a Nurse? (Write briefly)
.....
.....

18. Reason(s) for applying to this Nursing School:
.....
.....

19. Choose the (examination) Pre-Nursing Test centre

20. **Applicants should write an online entrance exam on 10th August 2021 and online interview on 18th August 2021. (Changes will be informed as per the situation):**

The final selection list will be declared on 20th August 2021.

The selected students will have a personal interview in the School of Nursing, Christian Hospital Chhatarpur in first or second week of August 2021 (changes will be informed).

21. Candidates may apply and write entrance exam even if they do not yet have their +2 Results (Results should be in hand before personal interview)

22. **Entrance exam fee for Rs.600 and Rs. 300 for prospectus should be sent along with the application form by Demand Draft in favor of Student Nurses Account, Payable at Chhatarpur, M.P.**

I hereby solemnly and sincerely affirm that I have read and fully understood the rules and regulations of this School of Nursing, and agree to discharge my duties as a student with diligence and honor.

Signature of the Parent / Guardian
Date:

Signature of the Candidate
Date:

FOR OFFICE USE ONLY

Form issued on

Received back on

Application Complete – Yes / No

Selected for Interview – Yes / No

Certificates and Testimonials verified – Yes/ No

Medical fitness Remarks

Result of Interview – Selected / Not Selected / Waiting List