



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

Application No:

Roll No.

<b>Category:</b> 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 (**10<sup>th</sup> & 12<sup>th</sup> 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  
Recent  
passport size  
Colour  
photograph

**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 the Pre-Nursing Test (PNT) on 1<sup>st</sup> July 2021 (changes will be informed as per the situation) in the following center:**

- 1. School of Nursing Christian Hospital Chhatarpur, Madhya Pradesh Ph. 07682-249317

The **results of the PNT** will be notified after **2- 3 weeks by post or by enquiring on phone.**

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 Pre Nursing Test even if they do not yet have their +2 Results (Results should be in hand before personal interview)

22. PNT Registration 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.

23. Kindly complete the hall ticket and take it to the examination centre.

*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