

EMMANUEL HOSPITAL ASSOCIATION SCHOOL OF NURSING, DUNCAN HOSPITAL RAXAUL

(Recognized by Indian Nursing Council)

	- Criss						
App	lication No	o:		Roll 1	No.		
Cate	egory:	Sponsored		School of Nursing, Du Dist. East Chamaparar			ul
		General					
APPLICATION FOR ADMISSION TO GNM TRAINING 2021							
1. II 2. II 3. 7 4. 5 5. 2 6. II 7. II	 Please make sure you are eligible to apply before sending applications. This form should be filled legibly with applicant's own handwriting. Insert NIL, if there is no answer to question/ Tick wherever applicable Xerox copies of all certificates duly attested should be attached (originals should be produced at the time of interview) please refer prospectus Incomplete application forms will be summarily rejected PLEASE QUOTE APPLICATION NUMBER IN ALL COMMUNICATIONS 						
GENERAL INFORMATION							
1.Name (in CAPITAL letters as entered in 10 th Certificate)							
2. Ac	ddress for	Communication	1				
					• • • • • •		
	Pin Code		Phone		M	Iobile	Email
						Fax	
3. Permanent Address							
					••••	•••••	
4.	Date of E	Birth		Age .			
5.	Marital S	tatus		Sex .	•••••		
6.	Height			Weig	ht		

Domicile State

Nationality

DETAILS	FATHER/ GUARDIAN	MOTHER	MOTHER		
Name					
Occupation					
Designation					
Annual Income	Rs.	Rs.	Rs.		
	of childrenof childrenof	-			
Applicant's Educati	of children onal Qualification gh School and Intermediate				
Applicant's Education Subjects taken in Hi	onal Qualification				
Applicant's Education	onal Qualification gh School and Intermediate	(+2) studies:			
Applicant's Education Subjects taken in Hi High School year .	onal Qualificationgh School and Intermediate	(+2) studies: Intermediate (+2) ye	ear		
Applicant's Education Subjects taken in Hi High School year .	onal Qualificationgh School and Intermediate	(+2) studies: Intermediate (+2) ye	ear		
Applicant's Education Subjects taken in Hi High School year .	onal Qualificationgh School and Intermediate	(+2) studies: Intermediate (+2) ye	ear		
Applicant's Education Subjects taken in Hi High School year .	onal Qualificationgh School and Intermediate	(+2) studies: Intermediate (+2) ye	ear		

11.	Have you done any other nurses training before? If so, give details								
12.	Name of the person who meet the financial requirements for your training								
	Sponsorship Letter for sponsored candidates.								
13.	OTHER DETAILS: -								
	a. Mother Tongue:								
	b. Other Language(s) Known (speak): Read								
								d. Name & Address of your Pastor / Elder	
								14.	Have you had any major illness in the past?
									If yes, give details
15.	After completion of your training, you will be posted in any one of the EHA hospitals to complete your								
	service commitment. Do you agree ?								
16.	Why do you want to become a Nurse? (Write briefly)								
17.	Reasons for applying to this Nursing School:								
18.	Applicants should write the Pre-Nursing Test (PNT) on 2021 at School of Nursing Duncan Hospital Raxaul. (It will be notified later as per the COVID – 19 Situation)								

The results of the PNT will be notified after 2-3 weeks by post, mail or Phone.

The selected students will be called for interview in August 2021.

- Candidates may apply and write Pre -Nursing Test even if they do not yet have their +2 Results
 (12th passed provisional certificate must be produced during interview)
- 20. PNT Registration fee for Rs.400 and Rs.250 for prospectus should be sent along with the application form by Demand Draft made in favour of THE DUNCAN HOSPITAL RAXAUL, Payable at RAXAUL. Mode of Payment CASH /NEFT PAYMENT can be made in the below given Bank Details-

Name & Address of the Bank – Duncan Hospital Raxaul, Branch – Raxaul

Account No – 1725002349 IFSC Code- CBIN0284472

Transfer details to be informed in the school email id - (schooldhr@gmail.com) if not informed no prospectus will be issued)

21. Kindly fill the Hall ticket with affixed recent passport size colored photograph and bring it to the Entrance examination centre.

(PLEASE DO NOT SEND HALL TICKET WITH YOUR APPLICATION)

I hereby sincerely affirm that I have read and fully understood the procedures for applying General nursing and midwifery training course of three years.

- 1. Signature of the Parent /Guardian
- 2. Signature of candidate

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					