

SCHOOL OF NURSING HERBERTPUR CHRISTIAN HOSPITAL





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

Cate	gory: General Sponsored Govt. Quota	Application No		
	Application Form for General Nursing & Midwifery Training Progr	am (GNM)		
	INSTRUCTIONS TO THE CANDIDATE			
•	Read all the instructions before filling in the application			
•	Application should be filled in by the Candidate's OWN HANDWRITING			
•	Xerox copies of Mark Certificates and other testimonials duly attested should be attached (MENTIONED IN THE PROSPECTUS PAGE NUMBER 5)	Affix Recent Colour photograph		
•	Incomplete application forms will be summarily rejected			
•	Send six passport size photographs along with this application form.			
•	PLEASE QUOTE APPLICATION NUMBER IN ALL COMMUNICATIONS			
1. 2.	Applicant's Name (IN CAPITAL LETTERS)			
3.	Occupation			
4.	Mailing Address			
	Mobile No:			
5.	Permanent Address			
6.	Date of Birth (As Per High School Certificate)	Age		
7.	Marital Status Gender	Domicile		
	Height Birth Place			
8.	Nationality Cast: ST/SC/OBC/GEN/OTH	ERS		

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

10.	If married, do you have children?	. How many?
	What is the occupation of your spouse?	
11.	What is your educational qualification?	
12.	When did you leave your school/college?	
13.	Subject taken in your high school and intermediate (+ 2) stud	dies :

High School			
S. No.	Subjects	Marks%	

Intermediate (+2)			
S. No.	Subjects	Marks%	

14.	Extra curricular activities : (SPORTS, NCC, PAINTING, DRAWING, NSS, MUSIC, ANY OTHER)
15.	Name, address and relationship of the person who will meet the financial requirements for training
16.	Mother tongue?
17.	Other Language Other Language(s) Known (Speak)
17.	(Read):(Write):
18.	Religion
19.	Have you had any major illness in the past ?
	If yes, Give details

20.	Please write very briefly why you want to become a nurse?			
Declara	ntion:			
I hereby and bel	y solemnly and sincerely affirm that the infor ief.	rmation furnished above is true and	d correct to the best of my knowledge	
Signatu	ire of Applicant		Signature of Parent/Guardian	
Date :			Date :	
	FOF	R OFFICE USE ONLY		
Form is:	sued on	Received back on		
Applicat	tion Complete	Incomplete		
Selected	d for Interview	Not selected for Interview		
Certifica	ates and Mark Sheets Verified : Yes/ No			
Medical	Exam / Lab/X-Ray Remarks			
Results	of interview: Selected/ Not selected/ Wait Lis	st		

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 mark 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. Transfer certificate or Migration Certificate from the School last attended.
- 8. Cast certificate if any
- 9. Copy of Aadhar card