



**SCHOOL OF NURSING, BAPTIST CHRISTIAN HOSPITAL, TEZPUR**  
(A unit of Emmanuel Hospital Association, New Delhi)

**Application Form for  
G.N.M. (General Nursing & Midwifery) Training Program 2023-24**

*Self-attested  
Recent Passport  
Size  
Photograph*

**Form No .....**

**(To be filled by the office)**

**(To be filled by the student in his/her own handwriting)**

1. Applicant's Name **(In Block letters)**

2. Applicant's Mobile No. \_\_\_\_\_

**3. Detail of Parents / Guardian (In Block Letters)**

	Name	Education Qualification	Occupation	Annual Income	Phone No
Father's					
Mother's					
Guardian's					

**4. Address: (In Block Letters)**

**(i) Present (For correspondence)**

**(ii) Permanent Address**

.....  
Village / Town .....  
P.O. .... P. S. ....  
District .....  
State .....  
Pin Code ..... Mobile no. ....  
Email ID: .....

.....  
Village / Town .....  
P.O. .... P. S. ....  
District .....  
State .....  
Pin Code ..... Mobile no. ....

**5. Date of Birth: (Based on Matriculation / Sec. School Certificate)**

Date:   Month:   Year:   Age:   Yrs. **(As on 05/7/2023)**

**6. Religion:** ....., If Christian mention church denomination.....

**7. Caste (Please tick ✓)** GEN  OBC  SC  ST  MOBC

**8. Community**

.....  
**9. Sex:** M  F

**10. Marital Status** .....

**11. Nationality** .....

**12. Height:** ..... **Weight:** .....

**13. Stream taken in your college (+2) studies:** Arts  Science  Commerce

**14. Educational Qualification:**

S. N.	Examination Passed	University/ Board/Council of Examination	Year of Passing	Marks Obtained	Max. Marks	% Marks Obtained in Board/University	Division Class/ Grade
1.	10 <sup>th</sup> Standard						
2.	12 <sup>th</sup> Standard						
3.							

**15. Your educational qualification** \_\_\_\_\_

**16. When did you leave your school?** \_\_\_\_\_ **College?** \_\_\_\_\_

**17. Are you currently a student of any Course? If yes fill up the details.**

Name of the Course \_\_\_\_\_, Year \_\_\_\_\_, Name of the College / University \_\_\_\_\_

**18. What extracurricular activities did you participate in during your school / college days?**

\_\_\_\_\_

19. Have you done any nursing training before? If so, give details \_\_\_\_\_
20. Who will meet the financial requirement for your training? \_\_\_\_\_
21. Do you have working knowledge of Hindi, English & Assamese? \_\_\_\_\_
22. Name & address of your Pastor/ Church (If Christian) \_\_\_\_\_
- \_\_\_\_\_

23. Have you had any major illness in the past? \_\_\_\_\_

If yes, give details \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

25. Reason for applying to this Nursing School:

\_\_\_\_\_

\_\_\_\_\_

26. Do you hold any scholarship from any other source at present (Yes/No) \_\_\_\_\_

27. Please tick the options of fees which you will pay during the course:

A) SUBSIDIZED FEES       B) FULL FEES

**Declaration:**

*I hereby sincerely affirm that the information furnished above is true and correct to the best of my knowledge. I have read and understood the rules and regulations mentioned in the prospectus of the School of Nursing. I agree to take up the course in General nursing and will abide by the rules and regulations.*

		Self-attested Stamp size photo of Father		Self-attested Stamp size photo of Mother
Student's signature	Father's /Guardian's signature		Mother's signature	
Date:	Date:		Date:	

**Note: Send the following Documents along with the completed form.**

28. I) **Duly self attested photocopy** of all following documents;

1. Affix recent color passport size photograph.
2. Birth Certificate
3. Caste certificate - ST/SC/OBC/MOBC
4. Admit cards & Marks sheet of class X & XII
5. Pass Certificate of class X & XII
6. Leaving/Transfer certificate from class XII
7. Character Certificate from college last studied.
8. Income certificate
9. Vaccination Certificate of COVID-19 and Hepatitis B Vaccine

II) Written references/recommendation from the following persons:

1. Recommendation from Pastor/ Church (if Christian).
2. Baptism Certificate (if Christian)
3. Senior member of the community. (Gaonbura, Village chairman)

**Last date for receipt of completed application forms: 5<sup>th</sup> July 2023**  
**INCOMPLETE DOCUMENT WILL NOT BE ACCEPTED**

**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	