

## **NALANDA NURSING SCHOOL**

Dinkar Nagar, Rajgir Road, Nalanda

## APPLICATION FORM FOR ADMISSION IN ANM COURSE

| 1. Full Name (in Block letter)  |  |   |
|---|--|---|
| 2. Father's Name  |  | Appex<br>Passport                       |
| 3. Married Yes No   |  | Size<br>Photo                           |
| (a) Husband's Name  |  | Filoto                                  |
|   |  |   |
| 4. Date of Birth DD MM YY   |  |   |
| 5. Address for correspondence   |  |   |
| 6. Permanent address  |  |   |
| 7. Mob  |  |   |
| 8. Nationality State  | Sex  | *************************************** |
| 9. Language Known   |  |   |
| 10. Please (√) Mark category SC ST ST OBC GEN ☐ 11. Qualification :   |  |   |
| Level Name of the School/College  | Board/University   | Year of Passing                         |
| Note: Please attach copies of mark shoot/cortificator and testimonic  |  |   |
| Note: Please attach copies of mark sheet/certificates and testimonial  1. Father's/Guardian's Occupation  2. Annual income of father/guardian |  |   |
| 12. CERTIFICATE:  |  |   |
| Certified that the above information is correct and I have carefully  | 4. Hone 1 (1) (1) (1) (1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 |   |
| all the essentials and minimum qualifications. I under take to abide  | by the rules and regulation  | ons of the school.                      |
| Date  | Sid  | gnature of applicant                    |
|   |  |   |
| 13. Declaration by the apllicant  |  |   |
| I,,here by declare that all particular  | ulars stated in the applica  | tion are true to the                    |
| best of my knowledge. In the event of any supperssion distortion of any   |  | or admission further,                   |
| If, admitted, I promise to abide by the general rules and regulation on   | the School.  |   |
| Place   |  |   |
| Date  | Signat   | ure of the applicant                    |
| 14. Declaration by father/guardian  |  |   |
| I,, here by undertake the respo   | nsibility for the conduct of   | my Son/daughter                         |
| ward for payment of dues in due time to the school.   |  |   |
| The money once deposited with the institute for my son/daug   | hter/ward, Mr./Miss, Mr./M   | iss/Mrswill not                         |
| be refunded and the school will not accept any such claim from my sid   | de.  |   |
| Place   | Signatur   | e of father/guardian                    |
| Date  |  | of Enclosures                           |