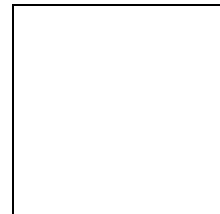




PRASHANT NURSING TRAINING SCHOOL

Lenin Chowk, Near Honda Showroom, Muzaffarpur, Bihar
Phone-7544001593, 9102999942, Email- pmchnursing@gmail.com



Session- APPLICATION FORM FOR ADMISSION TO G.N.M COURSE

NAME IN FULL (AS PER S.S.L.C XTH) Certificate

DATE OF BIRTH...../...../...../ (DD/MM/YEAR) **AGE** **SEX:** MALE FEMALE

RELIGION **SC** **ST** **OBC** **GEN**

FATHER'S / GUARDIAN'S NAME

RELATION WITH YOU

ADDRESS FOR COMMUNICATION WITH PHONE NO.

.....

PERMANENT ADDRESS

.....

QUALIFICATIONS (Academic Record):

S. No.	Name of Examination	Name of Board	School From Where Passed	Year of Passing	Total Marks	Marks Obtain	% of Marks

HOBBIES:-

WHY DO YOU WANT TO DO THIS COURSE?

.....

ENCLOSE COPIES OF FOLLOWING CERTIFICATE: 3 SETS

- I) SSLC / XTH PASS CERTIFICATE
- II) SSLC / XTH PASS MARKS SHEET
- III) XIITH PASS CERTIFICATE
- IV) XIITH PASS MARKS SHEET
- V) CHARACTER CERTIFICATE
- VI) SCHOOL LEAVING CERTIFICATE
- VIII) MEDICAL FITNESS CERTIFICATE
- IX) CASTE CERTIFICATE (IF APPLICABLE)
- X) NATIONALITY CERTIFICATE

Signature of the Applicant

Signature of Guardian

NB:- ALL THE INFORMATION GIVEN AS ABOVE ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I WILL ABIDE BY THE RULES AND DISCIPLINE.