Office Copy

To be filled in by the candidate and returned along with the application form

FORM NO. 2018.....

Admit Card

Examination R. No. :-	
Course :	General Nursing and Midwifery
Name :	
Exam Date :	22/07/2018
Time :	8:00 to 15:00 hrs
Exam Centre :	Indira Gandhi School & College of Nursing Munshiganj

Examination Related Queries Contact No : 9452488628, 7706925885

Color Photograph of the Candidate

Signature of Candidate

Signature of Principal

Signature of Invigilator

Indira Gandhi School & College of Nursing

Munshiganj-Amethi

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Indira Gandhi School & College of Nursing

APPLICATION FORM 20....

Fill In Capital Letters

AFFIX YOUR COLOR PHOTO HERE

1. NAME OF THE COURSE APPLIED ( )
   a. Diploma In General Nursing & Midwifery
   b. Auxillary Nurse Midwifery
   c. B.Sc Nursing
2. CANDIDATE'S NAME : .....
3. FATHER'S/ GUARDIAN'S : .....
4. MOTHER'S NAME : .....
5. DATE OF BIRTH (DD/MM/YY) : .....
6. SEX MALE /FEMALE
7. MARRIED : Yes / No
8. RELIGION/ CATEGORY : ...../Gen / OBC / SC / ST / Others
9. ADDRESS FOR : .....
   CORRESPONDENCE .....Mobile: .....
10. PERMANENT : .....
    ADDRESS .....Mobile: .....
11. RESIDENCE OF U.P : Yes / No
12. EDUCATIONAL QUALIFICATION (PLEASE ATTACH ATTESTED CERTIFICATES)

Exam Passed	Name of The College And Board/ University	Year of Passing	Subject	Obtained Mark	(%) of Mark
1- 10TH			1. 2. 3. 4. 5. 6.		
2- 12TH			1. 2. 3. 4. 5. .		

Declaration

I agreed and understand the selection and admission procedure for applied course. In future I am not created any issues if not selected the applied course. I declared that if any of the above given information is found wrong/ incorrect my application/admission can be cancelled.

Parent signature (name) Applicant Signature

Submitted & Verified by Principal Office Signature of Principal