

# **Indira Gandhi Group of Institutions**

#### NURSING COURSE & PARAMEDICAL APPLICATION FORM

Fill In Capital Letters

1. NAME OF THE COURSE APPLIED (Select your applied course)

Paramedical Courses
Diploma in O.T. Technician
Diploma in Physiotherapy
Diploma in Optometry
Diploma in Dialysis Technician
Diploma in CT Scan
Technician

AFFIX YOUR
COLOR PHOTO
HERE
Self Attested

2.	CANDIDATE'S NAME	:
3.	FATHER'S/ GUARDIAN'S	:
4.	MOTHER'S NAME	:
5.	DATE OF BIRTH (DD/MM/YY)	:
6.	SEX	FEMALE/ MALE
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 email:

#### 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- 10 <sup>TH</sup>			1. 2. 3. 4. 5. 6.		
2- 12 <sup>TH</sup>			1. Physics 2. Chemistry 3. Biology/Math 4. 5.		

#### **Declaration**

I fully agree and understand the selection and admission procedure for the applied courses. In future I will not create any issue if not selected for the applied course. I declare that if any of the above given information is found wrong/incorrect my application/admission can be cancelled.

Parent's signature (name)

**Applicant's Signature** 

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

FORM NO. 2020	<b>Admit Card</b>	
Examination R. No	0.:-	
Course:	Auxiliary Nurse and Midwives	
Name:		
Exam Date:		
Time : Exam Center :	8:00 to 15:00 hrs Indira Gandhi School & College of Nursir	ng
	Munshiganj	
Examination Related Quer	ries Contact No : 9452488628, 7706925885	Signature of Candidate
Signature of Princi	pal	Signature of Invigilator
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Examination R. No	) <b>. :-</b>	
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Name:		
Exam Date:		
Time:	8:00 to 15:00 hrs	
<b>Exam Center:</b>	Indira Gandhi School & College of Nursing	
	Munshiganj	
Examination Related Queri	ies Contact No: 9452488628, 7706925885	Signature of Candidate

Signature of Principal Signature of Invigilator

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

	Admit Card	
Examination R. No Course : Name: Exam Date:	GNM Nursing Course	Color Photograph
Time:	8:00 to 15:00 hrs	of the Candidate
<b>Exam Center:</b>	1. Indira Gandhi School of Nursing, Munshiganj	Canadate
	2.	
Examination Related Quer	ries Contact No : 9452488628, 7706925885	
		Signature of Candidate
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Signature of Principal Signature of Invigilator

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

	(Admit Card)	
Examination R. No	.:-	
Course:	B.Sc Nursing	
Name:		
Exam Date:		
Time:	8:00 to 15:00 hrs	
<b>Exam Center:</b>	Indira Gandhi School & College of Nursing	
	Munshiganj	
Examination Related Queri	ies Contact No : 9452488628, 7706925885	Signature of Candidate
Signature of Princip	al	Signature of Invigilator
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Signature of Candidate Examination Related Queries Contact No: 9452488628, 7706925885

> Signature of Principal Signature of Invigilator