



Indira Gandhi Group of Institutions

NURSING COURSE & PARAMEDICAL APPLICATION FORM

Fill In Capital Letters

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

Nursing Courses		Paramedical Courses	
Diploma In General Nursing & Midwifery		Diploma in O.T. Technician	
Auxillary Nurse Midwifery		Diploma in Physiotherapy	
B.SC Nursing -		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 TH			1. 2. 3. 4. 5. 6.		
2- 12 TH			1. Physics 2. Chemistry 3. Biology/Math 4. 5. 6.		

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

Submitted & Verified by Principal's Office

Signature of Principal

Office Copy

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

FORM NO. 2020.....

Admit Card

Examination R. No. :-

Course : Auxiliary Nurse and Midwives

Name :

Exam Date :

Time : 8:00 to 15:00 hrs

Exam Center : Indira Gandhi School & College of Nursing
Munshiganj

Signature of Candidate

Examination Related Queries Contact No : 9452488628, 7706925885

--

Signature of Principal

--

Signature of Invigilator



Indira Gandhi School & College of Nursing
Munshiganj-Amethi

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

FORM NO. 2020.....

Admit Card

Examination R. No. :-

Course : Auxiliary Nurse and Midwives

Name :

Exam Date :

Time : 8:00 to 15:00 hrs

Exam Center : Indira Gandhi School & College of Nursing
Munshiganj

Signature of Candidate

Examination Related Queries Contact No : 9452488628, 7706925885

--

Signature of Principal

--

Signature of Invigilator

Office Copy

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

FORM NO. 2020.....

Admit Card

Examination R. No. :-

Course : GNM Nursing Course

Name:

Exam Date:

Time: 8:00 to 15:00 hrs

Exam Center: 1. Indira Gandhi School of Nursing, Munshiganj

2.

*Color Photograph
of the
Candidate*

Examination Related Queries Contact No : 9452488628, 7706925885

Signature of Candidate

Signature of Principal

Signature of Invigilator



Indira Gandhi School & College of Nursing
Munshiganj-Amethi

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

FORM NO. 2020.....

Admit Card

Examination R. No. :-

Course : GNM Nursing Course

Name :

Exam Date :

Time : 8:00 to 15:00 hrs

Exam Center : 1. Indira Gandhi School of Nursing, Munshiganj

2.

Examination Related Queries Contact No : 9452488628, 7706925885

Signature of Candidate

Signature of Principal

Signature of Invigilator

Office Copy

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

FORM NO. 2020.....

Admit Card

Examination R. No. :-

Course : B.Sc Nursing

Name :

Exam Date :

Time : 8:00 to 15:00 hrs

Exam Center : Indira Gandhi School & College of Nursing
Munshiganj

Signature of Candidate

Examination Related Queries Contact No : 9452488628, 7706925885

--

Signature of Principal

--

Signature of Invigilator



Indira Gandhi School & College of Nursing
Munshiganj-Amethi

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

FORM NO. 2020.....

Admit Card

Examination R. No. :-

Course : B.Sc Nursing

Name :

Exam Date :

Time : 8:00 to 15:00 hrs

Exam Center : Indira Gandhi School & College of Nursing
Munshiganj

Signature of Candidate

Examination Related Queries Contact No : 9452488628, 7706925885

--

Signature of Principal

--

Signature of Invigilator

Office Copy

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

FORM NO. 2020.....

Admit Card

Examination R. No. :-

Course : O.T / Physio / Opto / D.T /CT Scan

Name :

Exam Date :

Time : 8:00 to 15:00 hrs

Exam Center :
Indira Gandhi School & College of Nursing
Munshiganj

*Color Photograph
of the
Candidate*

Signature of Candidate

Examination Related Queries Contact No : 9452488628, 7706925885

Signature of Principal

Signature of Invigilator



**Indira Gandhi School & College of Nursing
Munshiganj-Amethi**

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

FORM NO. 2020.....

Admit Card

Examination R. No. :-

Course : O.T / Physio / Opto / D.T /CT Scan

Name :

Exam Date :

Time : 8:00 to 15:00 hrs

Exam Center :
Indira Gandhi School & College of Nursing
Munshiganj

*Color Photograph
of the
Candidate*

Signature of Candidate

Examination Related Queries Contact No : 9452488628, 7706925885

Signature of Principal

Signature of Invigilator