

NOT TRANSFERABLE

Application No. _____

COST: Rs 500/-

SHIV SURGICAL NURSING SCHOOL

AKATHA TIRAHA, PAHARIA, GHAZIPUR ROAD, VARANASI -221007, U.P.

Phone 0542-2585309 / 2581556, Mob. 9415202299

APPLICATION FOR DIPLOMA IN GENERALNURSING AND MIDWIFERY (DGNM)

&

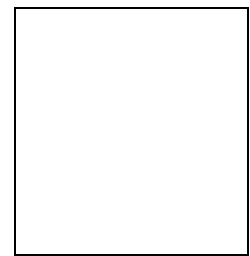
AUXILIARY NURSE MIDWIFERY (ANM)

01. Name in full (block letters) : _____

02. Name of parents / guardian : _____

03. Occupation of parents / Guardian : _____

04. Address for communication : -----



PIN:

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Phone.Resi: _____ Off : _____

Cell : _____

05. Date of Birth

| Date | Month | Year |
|------|-------|------|
| | | |

06. Age

| |
|--|
| |
|--|

07. Sex

✓ Please tick

| | |
|--------|--|
| Male | |
| Female | |

08. Nationality :

| | |
|--------|--------|
| Indian | others |
| | |

09. Marital status

Married

| |
|--|
| |
|--|

Unmarried

| |
|--|
| |
|--|

10. Community

✓ Please tick :

| Gen | OBC | S.C | S.T | OTHERS |
|-----|-----|-----|-----|--------|
| | | | | |

11. Caste : _____

12. Religion : _____

13. Mother Tongue _____

14. (a) Height (In cms) : (b.) Weight in (kgs) :

15. Qualifying Examination :

| | | | |
|-------|--------------|----------|--------|
| H.S C | S.S.C.E/CBSC | I.S.C.E. | OTHERS |
| | | | |

16. Medium of Instruction:

| | | |
|-------|---------|---------------|
| Hindi | English | Others: _____ |
| | | |

Please tick (√)

17. STATEMENT OF MARKS IN QUALIFYING EXAMINATION: _____

Year of passing _____ REGD. NO. _____

| Sl. No. | Subjects | Max. Marks | Marks scored |
|---------|----------|------------|--------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| Total | | | |

Percentage of marks obtained in English, Physics, Chemistry, Biology.

18. Additional qualification, if any : _____

19. Average yearly Income of the parents: (In Rupees) _____

20. Declaration by the application of the Parent/ Guardian: _____

We _____ (name in full an in block letter) SON/DAUGHTER of _____ hereby solemnly declare that the information furnished and the statement given in the application are true, correct and complete. Wed further declare that should statement found otherwise, we will be liable to forfeit our seat and or be removed from the roll of the institution at whatever stage of study, we may be besides making us liable for criminal prosecution.

SIGNATURE OF THE PARENT / GUARDIAN

SIGNATURE OF THE APPLICANT

Place: _____

Date: _____