

APPLICATION FOR ADMISSION IN THE GNM/ANM COURSE

TO,

THE DIRECTOR
Dr. P.S.M. COLLEGE OF NURSING & HOSPITAL
NAINITAL ROAD (Front of Manikara Poloce Choki)
Bilaspur (Rampur)

Dear Sir/Madam,

I would like to apply as a candidate for the admission in the above course.

- 1- Name of Applicant (Block Letters) _____
- 2- Father's Name (Block Letters) _____
- 3- Mother's Name (Block Letters) _____
- 4- Date of Birth (Applicant) _____
- 5- Correspondence Address _____
- 6- Permanent Address _____
- 7- Father's/Husband
 - (i) Occupation _____
 - (ii) Qualification _____
 - (iii) Designation _____
- 8- Nationality _____ 9- Married/Unmarried _____
- 10- Religion & Cast _____ 11- Income Yearly _____
- 12- Phone No. _____
13. Educational Qualification

S. No.	Examination Passed	Board/University	Year	Division	Aggregate %	Subject

Signature Parents/Guardian

Signature of Applicant