

# 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- Permanenet 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