



Pratiksha School of Nursing

CHANDRAPUR ROAD, NEAR CENTRAL TRAINING INSTITUTE,
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APPLICATION FORM FOR GNM COURSE

NAME OF CANDIDATE (Capital letter) :.....

FATHER'S NAME (Capital letter) :.....

MOTHER'S NAME (Capital letter) :.....

Permanent Address :

.....

Pin code Phone No.

Address for Communication:

.....

Pin code: Phone No.

Sex : Caste:

Religion : Nationality : Marital Status :.....

Date of birth:....., Age in years :

ACADEMIC QUALIFICATIONS :

Name of School/College	Std.Passed	Subject appeared	Council / Board	Year	Div./ Class	%	Remarks

Extra curricular activity :

Hobbies

Awards National / International:

I hereby declare that all information furnished above is true & correct, if found false may be debarred from joining the course.

Date.....

Signature of the candidate

I hereby declare that I undertake the legal & full responsibility for

Ms

Date

Signature of Legal Guardian

Place Relationship Full Name

Attested duplicate photocopy to be enclosed:

1. HSLC & HS Mark sheet & Pass Certificate & Admit Card.
2. Good conduct certificate from Principal of School/College last attended.
3. OBC/ST/SC Certificate from authorized person.
4. Migration Certificate from University/ Board.
5. Six passport size recent photograph.
6. Medical Fitness Certificate.
7. P.R.C