SCHOOL OF NURSING, BAPTIST CHRISTIAN HOSPITAL, TEZPUR (A unit of Emmanuel Hospital Association, New Delhi)

Application Form for G.N.M. (General Nursing & Midwifery) Training Program 2024-25

Form No

(To be filled by the office)

(To be filled by the student in his/her own handwriting)

Self-attested Recent Passport Size Photograph

1. Applicant's Name (In Block letters)										 	
	1. Applicant's Name (In Block letters)										

2. Applicant's Mobile No.

4.Address: (In Block Letters)

3. Detail of Parents / Guardian (In Block Letters)

	Name	Education	Occupation	Annual	Phone No
		Qualification		Income	
Father's					
Mother's					
Guardian's					

	resent (For corre	•		i) Permanent			
				illage / Town		•••••••••••••••••••••••••••••••••••••••	
	-	P. S		e		P. S	
Pin (CodeM	obile no	Pi	in Code	N	Iobile no	
Ema	il ID:			•••			
5. Da	ate of Birth: (Base	ed on Matriculation	n / Sec. Sch	ool Certificat	te)		
Dat	e: N	Ionth: Yes	ar:	Age	:	Yrs. (As on 14/08/20	24)
6. Re	eligion:		, If Chr	ristian mentio	n church d	denomination	
7. Ca	aste (Please tick 7	V) GEN	OBC	c sc		ST MOBC	
8. C	ommunity	L			<u> </u>		
9. S	Sex: M	F					
10. N	Aarital Status			11 National	ity		
14. f	Ieight:				-		
	-	your college (+2) s	Weight		·····		
13. 5	-	your college (+2) s	Weight		-		
13. S 14. H	Stream taken in y	your college (+2) s lification:	Weight		·····		Division
13. S 14. H	Stream taken in y Educational Qua	your college (+2) s	Weight tudies :	Arts	Science	e Commerce _	Division Class/ Grade
13. S 14. H	Stream taken in y Educational Qua Examination	your college (+2) s lification: University/ Board/Council	Weight tudies: Year of	Arts Marks	Science Max.	e Commerce	Class/
13. S 14. H S. N.	Stream taken in y Educational Qua Examination Passed	your college (+2) s lification: University/ Board/Council	Weight tudies: Year of	Arts Marks	Science Max.	e Commerce	Class/
13. 8 14. F S. N. 1.	Stream taken in y Educational Qua Examination Passed 10 th Standard	your college (+2) s lification: University/ Board/Council	Weight tudies: Year of	Arts Marks	Science Max.	e Commerce	Class/
13. § 14. H S. N. 1. 2. 3.	Educational Qua Educational Qua Examination Passed 10 th Standard 12 th Standard	your college (+2) s lification: University/ Board/Council of Examination	Weight tudies: Year of Passing	Arts Marks Obtained	Science Max. Marks	e Commerce	Class/
13. S 14. H S. N. 1. 2. 3. 15. Y	Educational Qua Educational Qua Examination Passed 10 th Standard 12 th Standard	your college (+2) s lification: University/ Board/Council of Examination qualification	Weight tudies: Year of Passing	Arts Marks Obtained	Science Max. Marks	e Commerce	Class/
13. S 14. H S. N. 1. 2. 3. 15. V 16. V	Stream taken in y Educational Qua Examination Passed 10 th Standard 12 th Standard Your educational When did you leave	your college (+2) s lification: University/ Board/Council of Examination qualification	Weight tudies: Year of Passing	Arts Marks Obtained	Science Max. Marks	e Commerce	Class/

18. What extracurricular activities did you participate in during your school / college days?

19. Have you done any nursing training before? If so, g	ive details		
20. Who will meet the financial requirement for your tr	aining?		
21. Do you have working knowledge of Hindi, English	& Assamese? _		
22. Name & address of your Pastor/ Church (If Christi			
23. Have you had any major illness in the past? If yes, give details			
24. Why do you want to become a Nurse? (Write brie	•		
 25. Reason for applying to this Nursing School: 26. Do you hold any scholarship from any other source 	at present (Yes	 s/No)	
27. Please tick the options of fees which you will pay	_	urse:	
A) SUBSIDIZED FEES B) FULL FEE			
Declaration: <i>I hereby sincerely affirm that the information furnished abort to the read and understood the rules and regulations ment agree to take up the course in General nursing and will abort</i>	ioned in the pros	spectus of the School of N	ursing. I
	Self-attested Stamp size		Self-attested Stamp size
Student's signature Eather's (Cuardian's signatu	photo of Father		photo of Mother
Student's signature Father's /Guardian's signatur Date: Date:		Mother's signature	
Note: Send the following Documents along with			
28. I) Duly self attested photocopy of all following d	-		
 Affix recent color passport size photograph Birth Certificate Caste certificate - ST/SC/OBC/MOBC Admit cards & Marks sheet of class X & X Pass Certificate of class X & XII Leaving/Transfer certificate from class XII Character Certificate from college last stud 	n. III		

- 8. Income certificate
- 9. Vaccination Certificate of COVID-19 and Hepatitis B Vaccine

II) Written references/recommendation from the following persons:

- 1. Recommendation from Pastor/ Church (if Christian).
- 2. Baptism Certificate (if Christian)
- 3. Senior member of the community. (Gaonbura, Village chairman)

Last date for receipt of completed application forms: 14th August' 2024 INCOMPLETE DOCUMENT WILL NOT BE ACCEPTED

FOR OFFICE USE ONLY

Form issued on _____Application Complete - Yes/No Certificates and testimonials verified - Yes/No Result of Interview-Selected/Not selected/Waiting list Received back on ______ Selected for Interview - Yes/No Medical fitness Remarks _____