



**EMMANUEL HOSPITAL ASSOCIATION  
SCHOOL OF NURSING, BAPTIST CHRISTIAN HOSPITAL, TEZPUR**

**Application Form for  
G.N.M. (General Nursing & Midwifery) Training Program 2020-21**

*Self-attested  
Recent Passport  
Size  
Photograph*

**Form No .....**

(To be filled by the office)

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

1. Applicant's Name (In Block letters)

2. Applicant's Mobile No. \_\_\_\_\_

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

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

**4. Address: (In Block Letters)**

**(i) Present (For correspondence)**

**(ii) Permanent Address**

.....  
Village / Town .....  
P.O. .... P. S. ....  
District .....  
State .....  
Pin Code ..... Mobile no. ....  
Email ID: .....

.....  
Village / Town .....  
P.O. .... P. S. ....  
District .....  
State .....  
Pin Code ..... Mobile no. ....

**5. Date of Birth: (Based on Matriculation / Sec. School Certificate)**

Date:   Month:   Year:   Age:   Yrs. (As on 31/12/2019)

6. Religion: ....., If Christian mention church denomination .....

7. Caste (Please tick ✓) GN  OBC  SC  ST  MOBC

8. Community .....

9. Sex: M  F

10. Marital Status ..... 11. Nationality .....

12. Height: ..... Weight.....

13. Stream taken in your college (+2) studies: .....

**14. Educational Qualification:**

S. N.	Examination Passed	University/ Board/Council of Examination	Year of Passing	Marks Obtained	Max. Marks	% Marks Obtained in Board/University	Division Class/ Grade
1.	10 <sup>th</sup> Standard						
2.	12 <sup>th</sup> Standard						
3.							

15. Your educational qualification .....

16. When did you leave your school/ college? .....

17. Are you currently a student of any Course? If yes fill up the details.

Name of the Course \_\_\_\_\_, Year \_\_\_\_\_, Name of the College / University \_\_\_\_\_

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

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19. Have you done any nurses training before? If so, give details \_\_\_\_\_
20. Who will meet the financial requirement for your training? \_\_\_\_\_
21. Do you have working knowledge of Hindi, English & Assamese? \_\_\_\_\_
22. Name & address of your Pastor/ Elder \_\_\_\_\_  
 \_\_\_\_\_
23. Have you had any major illness in the past? \_\_\_\_\_  
 If yes, give details \_\_\_\_\_  
 \_\_\_\_\_
24. Why do you want to become a Nurse? (Write briefly)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
25. Reason for applying to this Nursing School:  
 \_\_\_\_\_  
 \_\_\_\_\_
26. Do you hold any scholarship from any other source at present (Yes/No) \_\_\_\_\_

27. Please tick the options of fees which you will pay during the course:

A) SUBSIDIZED FEES                       B) FULL FEES

Declaration:

*I hereby sincerely affirm that the information furnished above is true and correct to the best of my knowledge. I have read and understood the rules and regulation mentioned in the prospectus of the School of Nursing. I agree to take up the course in General nursing and will abide by the rules and regulation.*

<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <i>Self-attested Stamp size photo of Father</i> </div>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <i>Self-attested Stamp size photo of Mother</i> </div>	
Student's signature	Father's /Guardian's signature	Mother's signature
Date:	Date:	Date:

**Note: Send the following Documents along with the completed form.**

28. I) Duly selfattested photocopy of all following documents;

1. Affix recent color passport size photograph.
2. Birth Certificate
3. Caste certificate - ST/SC/OBC/MOBC
4. Admit cards & Marks sheet of class X & XII
5. Pass Certificate of class X & XII
6. Income certificate

II) Written references/recommendation from the following persons:

1. Pastor if Christian.
2. Senior member of the community. (Gaonbura, Village chairman)

**Last date for receipt of completed application forms: 31<sup>st</sup> July 2020**

**INCOMPLETE DOCUMENT WILL NOT BE ACCEPTED**

**FOR OFFICE USE ONLY**

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