



SCHOOL OF NURSING
ASIA HEART FOUNDATION

234, ukhila -2, Paikpara, Narendrapur, Kolkata-700103

Self attested
passport
photo Affix
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APPLICATION FORM FOR ADMISSION FOR GENERAL NURSING AND MIDWIFERY COURSE

GMR No-

1. Name of the Applicant _____
(IN BLOCK LETTERS) (LAST NAME) (FIRST NAME)

2. Father's Name _____
(IN BLOCK LETTERS) (LAST NAME) (FIRST NAME)

3. Mother's Name _____
(IN BLOCK LETTERS) (LAST NAME) (FIRST NAME)

4. Guardian's Name _____

Relationship with the applicant _____

Phone Number _____

5. A) Permanent Address_____

_____ Phone No._____

B) Present Address_____

_____ Phone No._____

6. Occupation of the Father/Guardian (Specify)_____

7. Date of Birth with age_____

8. Nationality and Number of years residing in West Bengal_____

9. Adhar Card no _____

10. Religion_____

11. Educational Qualification of Candidate_____

12. Name and Address of the School from where candidate studied Higher
Secondary/equivalent

_____ Tel.No._____

13. Name and Address of the Board/ Council from where candidate studied Higher Secondary /equivalent

Tel.No. _____

14. Subjects studied and marks obtained in H.S/Equivalent

Name of subjects						Total Marks	% of Marks
Obtained marks in each subjects							

15. Year of passing H.S(10+2) / Equivalent _____ Division _____

Following documents are to be brought during Physical Verification:

- i. Self Attested copy of mark sheet of HS (10+2) or equivalent.
- ii. Self Attested copy of certificate of Higher Secondary / ISC/ CBSE.
- iii. Self Attested copy of the Admit Card of the Madhyamik or equivalent.
- iv. Self Attested copy of School Leaving Certificate.
- v. Self Attested copy of Residential certificate proving uninterrupted living in West Bengal for not less than 5 years.
- vi. Self Attested copy of Aadhar card.

Declaration

I hereby declare that all the statements provided in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or myself being found not in eligibility criteria, My candidature is liable to be cancelled with any notice.

(Signature of the Applicant)

I Sri /Smt. _____, Father / mother / guardian of Miss

_____ declare that Miss _____

shall undergo the GNM Nursing Training at School of Nursing, Asia Heart Foundation.

She will abide by all the rules and regulations of the institution.

(Signature of the Father / Mother / Guardian)

