

NOT TRANSFERABLE  
COST: Rs 500/-

Application No. \_\_\_\_\_

**KUNWAR HARIBANSH SINGH SCHOOL OF NURSING**

ADDRESS - Jagarnathpatti, Jagdishpur, Jaunpur, Uttar Pradesh (INDIA)

Phone - 9451227676 | E-Mail - khbsnursing@gmail.com

**APPLICATION FOR DIPLOMA IN AUXILIARY NURSE MIDWIFERY (ANM)**

01. Name in full (block letters) : \_\_\_\_\_

02. Name of parents / guardian : \_\_\_\_\_

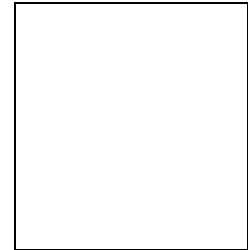
03. Occupation of parents / Guardian : \_\_\_\_\_

04. Address for communication : -----

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PIN: 

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Phone.Resi: \_\_\_\_\_ Off : \_\_\_\_\_

Cell : \_\_\_\_\_

05. Date of Birth

Date	Month	Year

06. Age

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07. Sex

✓ Please tick

Male	
Female	

08. Nationality :

Indian	others

09. Marital status

Married	
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Unmarried	
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10. Community

✓ Please tick :

Gen	OBC	S.C	S.T	OTHERS

11. Caste : \_\_\_\_\_

12. Religion : \_\_\_\_\_

13. Mother Tongue \_\_\_\_\_

14. (a) Height (In cms) : 

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 (b.) Weight in 

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 (kgs) :

15. Qualifying Examination :

H.S C	S.S.C.E/CBSC	I.S.C.E.	OTHERS

16. Medium of Instruction:

Hindi	English	Others: _____

Please tick (√)

17. STATEMENT OF MARKS IN QUALIFYING EXAMINATION: \_\_\_\_\_

Year of passing \_\_\_\_\_ REGD. NO. \_\_\_\_\_

Sl. No.	Subjects	Max. Marks	Marks scored
1			
2			
3			
4			
5			
6			
7			
Total			

Percentage of marks obtained in English, Physics, Chemistry, Biology.

18. Additional qualification, if any : \_\_\_\_\_

19. Average yearly Income of the parents: (In Rupees) \_\_\_\_\_

20. Declaration by the application of the Parent/ Guardian: \_\_\_\_\_

We \_\_\_\_\_ (name in full an in block letter) SON/DAUGHTER of \_\_\_\_\_ hereby solemnly declare that the information furnished and the statement given in the application are true, correct and complete. Wed further declare that should statement found otherwise, we will be liable to forfeit our seat and or be removed from the roll of the institution at whatever stage of study, we may be besides making us liable for criminal prosecution.

**SIGNATURE OF THE PARENT / GUARDIAN**

**SIGNATURE OF THE APPLICANT**

Place: \_\_\_\_\_

Date: \_\_\_\_\_