NOT TRANSFERABLE   Application No. _____
COST: Rs 500/-

KUNWAR HARIBANSH SINGH SCHOOL OF NURSING

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

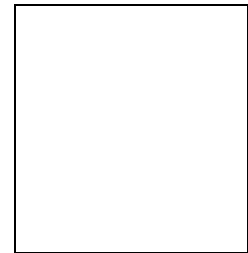Phone - 9451227676 | E-Mail - khbsnursing@gmail.com

APPILICATION FOR DIPLOMA IN GENERALNURSING AND MIDWIFERY (DGNM)

01. Name in full (block letters)   :_____

02. Name of parents / guardian   :_____

03. Occupation of parents / Guardian :_____

04. Address for communication   : ---

PIN:

Phone.Resi:_____Off :_____

Cell :_____

05. Date of Birth

Date	Month	Year

06. Age

07. Sex

✓ Please tick

Male	
Female	

08. Nationality :

Indian	others

09. Marital status

Married	

Unmarried	

10. Community

✓ Please tick :

Gen	OBC	S.C	S.T	OTHERS

11. Caste   : _____

12. Religion :_____

13. Mother Tongue   _____

14. (a) Height (In cms) : [   ]   (b.) Weight in [   ]   (kgs) :

15. Qualifying Examination :

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

16. Medium of Instruction:

   Please tick (√)

Hindi	English	Others:_____

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:_____