

MOTHER KRISHNA BAI SCHOOL OF NURSING

(Managed by Sagarlal Matadin Charitable Trust)

Sagarlal Memorial Hospital & Matadin Goel Research Centre

1-5-551-554, Musheerabad, Hyderabad - 500 020

Phones: 23445508 Fax: 040-23445508, E-mail: mktbcollgofnursing@gmail.com

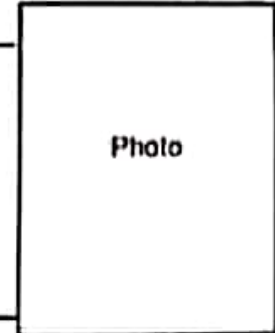
Recognised by the Govt. of T.S. & T.S. Nursing Council & Indian Nursing Council, Delhi



GNM APPLICATION FORM

For Office Use

Application No.....
 Last Date.....
 Selection No.....
 Admission No.....



1. Name of the Candidate.....
(In Block Letters)
2. Father's / Guardian's Name :
3. Age & Date of Birth :
- Place & State of Birth :
4. Religion, Community, Caste
(Whether belongs to SC/ST/BC/OC)
5. Permanent Address of Parent/Guardian :
-
- a) . Present Address :
-
6. Annual Income of Parent/Guardian :
7. Extra Curricular Activities If any :
8. Identification Marks :
- 9 a. Marital Status : Married / Unmarried
- 9 b. Educational Qualifications :

Examination	Reg. No.	Name of University	Optionals	Medium of Instruction	Year passed	Max. Marks	Minimum Marks	Marks secured	Total percentage	No of Attempts
1. S.S.L.C.										
2. Inter/HSC/ 12th std.										
3. Higher Qualification if any										
4. Any other Qualification										

(2)

10. Has any experience in Midwifery or Nursing? If so how long?

11. Languages known :

	Read	Write	Speak
a)
b)
c)
d)

12. References:

Give below names and addresses of two persons of good standing other than relatives to whom a reference may be made, one of whom should be the Principal of the Institution where you last attended :

1.
.....
2.
.....

DECLARATION BY THE CANDIDATE

I hereby declare that I have filled up this form by myself and all the information given herein is true to the best of my knowledge. I have read and understood the prospectus and hereby give an undertaking to abide by all the rules and regulations of the Institution. I also agree to follow the discipline of the college and promise not to indulge in any form of indiscipline considered as such by the Institution.

Date :

Signature of Parent/Guardian :

Signature of candidate

Relationship :

Name & Address :

IMPORTANT INSTRUCTIONS

1. The application should be filled up in block letters in your own handwriting.
2. The application should be enclosed with the following attested copies of documents (Do not enclose originals):
 - a) Copy of Intermediate/H.S.C./12th standard/P.D.C. or equivalent certificates and marks memos.
 - b) Copies of certificates of other educational qualifications, if any.
 - c) Copy of Transfer certificate.
 - d) Conduct certificate from the Head of the Institution last attended.
 - e) Eight recent passport size photographs.
 - f) Copy of certificate showing date of birth.
 - g) Caste certificate if SC/ST/BC class.
 - h) Self-addressed stamped envelopes of size 9" x 4".
 - i) Covering letter in the candidate's own handwriting, with list of enclosures.
 - j) Parent or Guardian 2 photographs
 - k) Self addressed envelop
3. Incomplete applications will not be entertained.

GENERAL FINANCIAL AGREEMENT AND DECLARATION

I hereby declare that I shall stand by this centre and give my wholehearted support and co-operation to the administration. I have no objection to my ward receiving instruction in your Institute. I agree to assume responsibility for my ward's educational expenses monthly. I will also bear for the loss or damage to the property due to my ward's behaviour and give full co-operation for my ward's discipline, behaviour, regular attendance and studies. I also state that the details given in the above application are true to the best of my knowledge.

PARENT / GUARDIAN

JOINT DECLARATION BY THE APPLICANT AND APPLICANT'S PARENT / GUARDIAN

Certified that the information furnished under items 1 to 12 above is correct to the best of my knowledge and belief.

I will abide by the rules and discipline of the Institute and I shall take care of the equipment entrusted to me. Should it however be found that information in the application or in the enclosure is untrue in material particulars I realise that I am liable to be discharged summarily.

Place :

Signature of the Applicant

Date:

Signature of the Parent/Guardian