**Smt. RUKMANIBEN DEEPCHANDBHAI GARDI NURSES TRAINING CENTRE**

Recent Passport Size Photo with Name & Date

**Run by: Shri Indore Cloth Market Hospital, Indore**

**MOG Lines, Dhar Road, Indore**

 **Contact No.: 0731-2381933, 0731-2439223, E-mail: smtrdgardintc1987icmh@gmail.com**

**Application Form for M.Sc.(N)**

**To be filled by the Candidate in her / his own handwriting**

 **Form No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Full Name (in block letters):Miss/Mrs/Mr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Father’s/Guardian’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation:­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Mother's name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Husband name (If Applicable) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Category (ST/SC/OBC/GEN) & Cast \_\_\_\_\_\_\_\_\_\_\_\_\_
7. Permanent Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Ph:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mob:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Present Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Ph :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mob :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

1. Date of Birth DD/MM/Year: Place: \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Give below particulars of all academic & other examinations passed:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Exam** | **Year of Passing** | **School / College** | **Board / University** | **Marks obtained/ Max. marks** | **%** | **No. of attempts** | **Awards/ Scholarship** |
| **10th**  |  |  |  |  |  |  |  |
| **10+2** |  |  |  |  |  |  |  |
| **GNM** |  |  |  |  |  |  |  |
| **P.B. B.Sc.[N]** |  |  |  |  |  |  |  |
| **Basic B.Sc.(N)** |  |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |  |

1. Give below particulars of experience:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No.** | **Name of Institution** | **Designation / Post** | **Area of Working** | **Duration** | **Total Experience** |
| **From** **(DD/MM/YY)** | **Till** **(DD/MM/YY)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Any FIR/Court case against you / or you have filed: Yes/No

 If yes give details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note**: If someone willfully suppresses any information, she/he will incur the risk of losing selection and if selected, will loss all claim to remain selected for the training.

 **Declaration to be signed by the candidate and parent/guardian:**

I read all the rules and regulations. I hereby declare that the entries in this form are best of my knowledge

and belief. If I get selected I will obey all the college/ institutional rules & regulations.

 **Signature of Candidate** **Signature of Father/Mother/Guardian**

 **Please attach attested photocopies of the following certificates with this admission form**:

1. 10th mark sheet**,**10+2 mark sheet
2. All mark sheets of GNM/PB B.Sc.(N)/Basic B.Sc.(N) with Registration & Degree
3. Experience and Relieving certificate
4. Character & Transfer certificate of previous course
5. Migration certificate
6. Medical fitness certificate from CMO Govt. Hospital
7. 10 passport size recent photographs of the candidate (with Name & Date on it)
8. Cast certificate, Income certificate, if the candidate belongs to ST/SC/OBC category
9. Domiciliary certificate of the candidate
10. Adhar card of the candidate
11. Gap certificate  **(if applicable)**
12. Marriage certificate **(for married candidates)**

**Note: Incomplete forms will be rejected. Please avoid overwriting in admission-form.**

 **Enclosures:**. **Original documents (Hard Copy & Scanned copy in CD/ Pendrive in JPG/JPEG Format) and**

 **5 sets of photocopy of each document** should be produced by candidate at the time of

 Admission.

 **PRINCIPAL**

**SMT. RUKMANIBEN DEEPCHANDBHAI GARDI NURSES TRAINING CENTRE**

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**Application Form**

**To be filled by the Candidate in her / his own handwriting**

**Form No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **B.Sc. [N]:** **GNM:**

1.Full Name (in block letters):Miss/Mrs/Mr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.Father’s/Guardian’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation:­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.Mother's name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.Husband name (If Applicable) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Category (ST/SC/OBC/GEN) & Cast \_\_\_\_\_\_\_\_\_\_\_\_\_

6.Permanent Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Ph:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mob:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7.Present Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Ph :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mob :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

8.Date of Birth DD/MM/Year: Place: \_\_\_\_\_\_\_\_\_\_\_\_\_

 9. To be filled up from 10+2 mark sheet:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Subject** | **Max. Marks** | **Marks Obtained** | **Total (%)** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
|  **Total** |  |  |  |

10. Give below particulars of all academic & other examinations passed:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Exam** | **Year of Passing** | **School / College** | **Board / University** | **Marks obtained/ Max. marks** | **%** | **No. of attempts** | **Awards/ Scholarship** |
| **10th**  |  |  |  |  |  |  |  |
| **10+2** |  |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |  |

 11. Any FIR/Court case against you / or you have filed: Yes/No

 If yes give details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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and belief. If I get selected I will obey all the college/ institutional rules & regulations.

**Signature of Candidate** **Signature of Father/Mother**

 **Please attach attested photocopies of the following certificates with this admission form**:

1.10th mark sheet**,**10+2 mark sheet

2.Character & Transfer certificate**: 12th OR College (if applicable)**

3.Migration certificate

4.Medical fitness certificate from CMO Govt. Hospital

5.10 passport size recent photographs of the candidate (with Name & Date on it)

6.Cast certificate, Income certificate, if the candidate belong to ST/SC/OBC category

7.Domiciliary certificate of the candidate

8.Adhar card of the candidate

9.Gap certificate  **(if applicable)**

10.Marriage certificate **(for married candidates)**

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