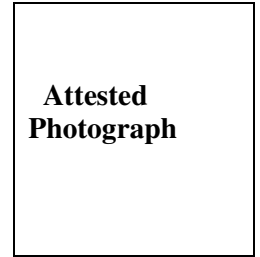## Format of Application Form

1. **Name of the post:**

2. **Full name (in Block Letters) :**

3. **Father's Name:**

4. **Mother's Name:**

5. **Date of Birth :**

6. **Address (in full) :**

7. **Mob.No.:**

8. **Email**:
9. Nationality:

10. Whether SC/ST/OBC :

11. Whether Physically Handicapped (if so percentage & details of disability):

12. Details of Examinations Passed:

S.No.	Examination	Board/ University	Year of passing	Name/Address of Institution attended	% of Marks
1.	10th				
2.	12th				
3.	BSc (Hons.) in Nursing / BSc (N) /Post Basic BSc (N)/ Diploma in GNM				

13. Registration No. of any State / Nursing Council :

14. Experience:

15. Any additional information:

(i) I solemnly declare that all statements made in this application are true, complete and correct to the best of my knowledge & belief and in the event of any information being found false or incorrect or any ineligibility being detected before or after the test, my candidature is liable to be cancelled and legal action may be initiated against me.

(ii) I fulfill all conditions of eligibility regarding age limit, educational qualification etc. for this post.

Dated…………………...

Place…………………   **Signature of the Candidate**

Attested Photograph