# SCHOOL OF NURSING & PARAMEDICAL SCIENCES CHRISTIAN HOSPITAL KASGANJ



### Application Form For - (CLICK THE COURSE)

A.N.M.

G.N.M.

O.T. TECH

OPTOMETRY

### (A) High School (Matric) Examination

SUBJECTS	PASSING YEAR	OBTAINED MARKS	PERCENTAGE

### (B) Intermediate Examination or its equivalent (10+2)

SUBJECTS	PASSING YEAR	OBTAINED MARKS	PERCENTAGE

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11. Language ability indicate by checking good, fair or Poor:

Hindi: Good	fair	Poor	
English: Good	fair	Poor	
12. Have you ever been e	enrolled any other School	Of Nursing? Yes	No
		ol and Date	
13. Personal Information	n:		
(A) Weight	Height	t	
(B) List any physical h	andicaps		
14. (A) Have you read the	e rules in the prospectus t	thoroughly?	
(B) Are you prepared	to abide by these rules? ۲	Yes No	

### 15. Recommendation -

Give the names address and designation of 2 persons (as mentioned in prospectus)

(A) .....

.....

(C) .....

.....

16. Write the Statement, "Why I want to become a Nurse" in a separate paper and send in along with this form.

#### 17. Declaration

I ...... D/O., S/O.

declares that the above information is true and correct as per my knowledge and that no information has been suppressed herewith.

Signature of Candidate

Signature of Parents

Date

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# **Medical Certificate**

Name of Candidate-				
Father's Name-				
Date of Birth-				
Address –				
Weight- Pressure -	Height-	Blood		
Heart	Abdomen-	Lungs-		
		Ū		
Liver -	Chest-			
Menstrual History-				
HB%	Any Skin Disease-			
Nose-	Throat-	Eye-		
Do you think the candidate is fit to take Nursing/ Paramedical training?				
Any Comments-				

Stamp & Signature of Dr.