

APPLICATION FORM
TIRATH RAM SHAH HOSPITAL
'A' Grade Staff Nurse Course

Form No. _____

Self attested
 Photograph
 of candidate

1. Name in Full (in block letters) _____
2. Father's Name _____
3. Address a. Permanant address & Phone No. _____

- b. Local Guardian address, Phone No. & Relationship _____

4. Date of Birth (as on class Xth certificate) _____
 Age (as on 31 Dec 2023) _____ year _____ months _____ days _____
5. Nationality _____
6. Caste (tick one) _____ (General / SC / ST / OBC)
7. Occupation of Father or guardian & yearly income _____
8. Marital Status _____
9. Particulars about education : _____

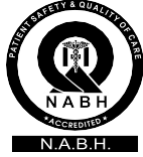
Name & Address of the school & college last attended	Examination passed & appeared	Board & University	Year	Subjects taken in XIIth	% of marks in XIIth

10. Were you ever enrolled in any school of nursing ? _____ (Yes / No)
11. If yes, give details _____

12. I have read & understood all information/rules as mentioned in the prospectus & I herewith give my agreement & acceptance to these rules.

Place : _____ Signature of Applicant _____
 Date : _____ Name _____
 Name & Signature of Parents / Guardian _____

Form No.



**ADMIT CARD
FOR GNM ENTRANCE TEST 2023**

Name of Applicant

Father's Name

Prospectus No.Roll No.

Add. :

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Photo
Self
Attested

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Form No.



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FOR GNM ENTRANCE TEST 2023**

Name of Applicant

Father's Name

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