



**SCHOOL OF NURSING**  
**HERBERTPUR CHRISTIAN HOSPITAL**  
 (A unit of Emmanuel Hospital Association)



Contact No. - 7895628717, Email : [nsherbertpur2013@gmail.com](mailto:nsherbertpur2013@gmail.com)  
 (Recognized By Indian Nursing Council & Uttarakhand Nurses & Midwives Council)

Category: General  Sponsored  Govt. Quota

Application No. ....

**Application Form for General Nursing & Midwifery Training Program (GNM)**

**INSTRUCTIONS TO THE CANDIDATE**

- Read all the instructions before filling in the application
- Application should be filled in by the **Candidate's OWN HANDWRITING**
- Xerox copies of Mark Certificates and other testimonials duly attested should be attached (MENTIONED IN THE PROSPECTUS PAGE NUMBER 5)
- Incomplete application forms will be summarily rejected
- Send six passport size photographs along with this application form.
- **PLEASE QUOTE APPLICATION NUMBER IN ALL COMMUNICATIONS**

Affix Recent Colour  
 photograph

1. Applicant's Name (IN CAPITAL LETTERS) .....
2. Father's Name .....
3. Occupation .....
4. Mailing Address.....  
 .....
- Whats App No. .... Mobile No. ....
- Alternative No. ....Email.....
5. Permanent Address.....  
 .....
6. Date of Birth (As Per High School Certificate )..... Age.....
7. Marital Status ..... Gender ..... Domicile .....
- Height..... Weight..... Birth Place .....
8. Nationality..... Cast: ST/SC/OBC/GEN/OTHERS.....

9.

DETAILS	FATHER/GUARDIAN	MOTHER
Occupation		
Designation		
Annual Income	Rs.	Rs.

10. If married, do you have children? ..... How many?.....

What is the occupation of your spouse? .....

11. What is your educational qualification? .....

12. When did you leave your school/college? .....

13. Subject taken in your high school and intermediate ( + 2 ) studies :

High School		
S. No.	Subjects	Marks%

Intermediate (+2)		
S. No.	Subjects	Marks%

14. Extra curricular activities : (SPORTS, NCC, PAINTING, DRAWING, NSS, MUSIC, ANY OTHER)  
.....

15. Name, address and relationship of the person who will meet the financial requirements for training  
.....

16. Mother tongue? .....

17. Other Language Other Language(s) Known (Speak) .....  
(Read) : ..... (Write): .....

18. Religion.....

19. Have you had any major illness in the past ? .....  
If yes, Give details .....  
.....

20. Please write very briefly why you want to become a nurse?

.....  
.....  
.....  
.....  
.....

*Declaration:*

*I hereby solemnly and sincerely affirm that the information furnished above is true and correct to the best of my knowledge and belief.*

.....  
Signature of Applicant  
Date :

.....  
Signature of Parent/Guardian  
Date :

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**FOR OFFICE USE ONLY**

Form issued on ..... Received back on .....

Application Complete ..... Incomplete.....

Selected for Interview ..... Not selected for Interview .....

Certificates and Mark Sheets Verified : Yes/ No

Medical Exam / Lab/X-Ray Remarks.....

Results of interview: Selected/ Not selected/ Wait List

## **Documents Required**

All particulars required in the application form need to be written carefully. If a candidate furnishes false information, her admission will be cancelled at any stage and fees paid will not be refunded. The complete application form should be accompanied by the following documents.

1. Affix Recent Color photograph .
2. Four recent passport size photographs in a envelop.
3. An attested copy of class 10 mark sheet and certificate showing the date of birth ( No other evidence of candidate's date of birth will be accepted)
4. An attested true copy of mark sheet and certificate of 10 + 2 examination .
5. An attested true copy of character certificate from the Principal / Head of the school / college last attended.
6. Domicile certificate..
7. Transfer certificate or Migration Certificate from the School last attended.
8. Cast certificate if any
9. Copy of Aadhar card