



# COLLEGE OF NURSING

HERBERTPUR CHRISTIAN HOSPITAL

( A unit of Emmanuel Hospital Association )



Contact No. – 8979482554 Email: hchconadmissions@gmail.com

(Recognized By Indian Nursing Council, Uttarakhand Nurses & Midwives Council & affiliated HNBU, Uttarakhand )

College Code : 3702017 & 3703068

APPLICATION NO. ....

ROLL NUMBER: \_\_\_\_\_

## Application Form for General Nursing & Midwifery Training Program ( GNM ) ( 2026 -2027 )

Categories :  General  Sponsored  Government Quota

### INSTRUCTIONS TO THE CANDIDATE

- Read all the instructions before filling in the application
- Application should be filled in by the **Candidate's OWN HANDWRITING**
- Only xerox copies of Mark Certificates and other testimonials duly attested should be attached Incomplete application forms will be summarily rejected
- Send six passport size photographs along with this application form.
- **PLEASE QUOTE APPLICATION NUMBER IN ALL COMMUNICATIONS**
- **MAKE SURE ALL THE FIELDS WILL BE FILLED.**

Affix Recent passport size photograph

1. Applicant's Name (IN CAPITAL LETTERS) .....
2. Father's Name: .....
3. Occupation .....
4. Mailing Address.....  
..... Pin Code .....
- Mobile No : ..... Alternative No. .... Email.....
5. Distance from Herbertpur..... Kilometers
6. Permanent Address.....  
..... Pin Code .....
7. Date of Birth (Based on High School Certificate) ..... Age.....
8. Marital Status ..... Gender ..... Domicile .....
- Height..... Weight..... Birth Place .....
9. Nationality..... Caste: ST  SC  OBC  GEN  OTHER

10. Aadhar No..... 11. Ayushman Card Details: \_\_\_\_\_

12. Parent's Occupation & Income:

DETAILS	FATHER	MOTHER
Occupation		
Annual Income	Rs.	Rs.

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

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

14. Date of leaving school/college? .....

15. Are you currently a student of any course ? If yes fill up the details.

Name of the course ..... Year ,.....Name of College/University .....

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

High School			Intermediate ( +2 )		
S. No.	Subjects	Marks%	S. No.	Subjects	Marks%
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		

17. Extra-curricular activities you participated in during your school/college days ?

.....

18. Who will meet financial requirements for your training ?

Parents  Bank loan  Sponsor  NGO  Pastor  Other

19. Can you read, write and understand Hindi and English?.....

20. Religion .....

21. Have you had any major illness in the past? .....

If yes, Give details.....

.....

22. Have you done any nursing training before ? If so, give detail

.....

23. Reason for applying to this Nursing College : .....

.....

APPLICATION FEE DETAILS (COPY OF THE SENDING SCREENSHOT AND RECEIPT TO BE ATTACHED)

i.	Fee paid amount (in words)	
ii.	Bank UTR details	

Declaration:

*I hereby solemnly and sincerely affirm that the information furnished above is true and correct to the best of my knowledge and belief. I have read and understood the rules and regulations mentioned in the prospectus of the college of nursing. I agree to take up the course in General Nursing & Midwifery and will abide by the rules and regulations.*

.....  
Signature of Applicant  
Date :

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

**Note : Send the following Documents along with completed form.**

Duly self-attested photocopy of the following documents

- ✚ Four recent passport size Photograph.
- ✚ Class 10 Pass certificate and marks sheet .
- ✚ Pass certificate of 10 + 2 examination.
- ✚ Character certificate from the Principal / Head of the school / college last attended.
- ✚ Adhar card /Pan card
- ✚ Domicile certificate.
- ✚ Gap certificate ( if applicable in Notary attested copy in 100-rupee e-stamp paper)
- ✚ Transfer certificate
- ✚ Migration Certificate from the School/college last attended.
- ✚ Caste certificate if any
- ✚ Equivalency certificate if you are a foreign national (refer prospectus for details).
- ✚ Hepatitis B vaccination certificate

**INCOMPLETE DOCUMENT WILL NOT BE ACCEPTED**

FOR OFFICE USE ONLY

Application Complete:	Yes/No
Selected for Interview:	Yes/No
Certificates and Mark Sheets Verified:	Yes/ No
<b>POST-INTERVIEW STATUS OF CANDIDATE:</b>	<b>CONFIRMED/PROVISIONAL/WAITING</b>
<b>ADMISSION LETTER:</b>	<b>ISSUED / NOT ISSUED</b>
<b>STUDENTS DETAILS ENTERED IN ADMISSION REGISTER:</b>	<b>YES/NO</b>
<b>STUDENT CONFIRMED BY STATE NURSING COUNCIL:</b>	<b>YES/NO</b>
<b>IF YES: ROLL NUMBER OF STUDENT:</b>	_____

**OFFICE SECRETARY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_