

# AKAL COLLEGE OF NURSING, ETERNAL UNIVERSITY



BARU SAHIB (H.P.)

acn@barusahib.org

## APPLICATION FORM

(To be filled by the candidates in his/her own handwriting)

Affix your  
passport size  
photo

Course Applied for \_\_\_\_\_

### PERSONAL DATA

1. Name of the students in Block Letters (As per Matric Certificate) \_\_\_\_\_
2. Father's Name in Block Letters (As per Matric Certificate) \_\_\_\_\_
3. Name of the Husband (If married) \_\_\_\_\_
4. Date of Birth (As per Matric Certificate) \_\_\_\_\_
5. Gender: Male/Female \_\_\_\_\_
6. Nationality \_\_\_\_\_
7. Religion \_\_\_\_\_
8. Category: General/SC/ST/BC/Physically Handicapped/Outstanding Sports Person/Others \_\_\_\_\_
9. Whether a Domicile of HP: Yes/No
10. Marital Status: Married/Unmarried

11. Permanent Address (In Block Letters)	Correspondence Address (In Block Letters)
_____	_____
_____	_____
_____	_____
Pin Code _____	Pin Code _____

12. Telephone No. 1. \_\_\_\_\_ 2. \_\_\_\_\_ e-mail- \_\_\_\_\_

### 13. Details of Examination Passed:

Exam. Passed	Year of Passing	School/College	University/Board	%age of Marks/Grade Point Obtained	Proof Enclosed (Yes/No)
Matric or equivalent					
10+2 OR equivalent					
B.Sc.					
Others					

Signature of Student