AKAL COLLEGE OF NURSING, ETERNAL UNIVERSITY

BARU SAHIB (H.P.)

APPLICATION FORM

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

Affix your passport size photo

Course Applied for: (Please tick on Course)

: B.Sc.(Nursing) **/** M.Sc.(N) Specialty: _____ **/** Geriatric Care

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					

Note: <u>LIST OF DOCUMENTS TO BE ENCLOSED WITH THE APPLICATION FORM</u>

1. **Details Marks Certificate of 10th, 10+2, Others**   2. **Adhar Card**   3. **Himachal Bonafide Certificate.**

Signature of Student