

APPLICATION FORM FOR GNM / ANM COURSE 2022-2023

COURSE APPLIED FOR GNM/ANM

(To be filled in Capital letters only)

Affix a recent
passport size photo

- 1) Full name of the candidate :
(as recorded in HSLC admit card)
- 2) Sex: (3) D.O.B:
(as in HSLC Admit Card)
- 4) Age as on 30.09.2017: (5) Nationality:
- 6) Religion: (7) Blood group:.....
- 9) Category Claimed: General/ SC/ST/ OBC.
- 10) Full Name of: Father: Ph: No:
(as in HSLC certificate) Mother: Ph: No:
- 11) Permanent Address:
Landmarks:
Village/city.....
Block: House No:.....
Post office:..... District:
State: Pin:.....
- 11) Present / Correspondence Address:
Landmarks:
Village/city.....
Block: House No.....
Post office:..... District:
State: Pin:.....
- 11) Full name & Address of the Guardian with Relationship with the Candidate.
Name: Relationship.....
Landmarks:
Village/city.....
Block: House No.....
Post office:..... District:
State: Pin:.....

12) Academic Details (mention Stream in 10+2)

Sl.No	Name of the Examination Passed	Board/ University	Year of Passing	Percentage
1	HSLC or Equivalent			
2	HSSLC or Equivalent			
3	Graduation / others (mention the Course)			

13) Document and Certificates to be Enclosed and put a \checkmark marks

- | | |
|------------------------------------------------------------------|----------|
| a) HSLC / equivalent Examination Admit card | Yes/ No. |
| b) HSLC / equivalent Examination Marksheet | Yes/ No. |
| c) HSSLC / equivalent Examination Admit card | Yes/ No. |
| d) HSSLC / equivalent Examination Marksheet | Yes/ No. |
| e) Any other qualifying Examination Marksheet | Yes/ No. |
| f) Category Certificate (ST/SC/OBC) | Yes/ No. |
| g) Indigenous Certificate (for Candidates applying for ANM) | Yes/ No. |
| h) RN/RM registration Certificate (if Undergone ANM/ LHV course) | Yes/ No. |
| i) 6 recent passport size photograph | Yes/ No. |

* All the documents are to be submitted in Xerox and self attested.

* Candidates are to produce original documents during personal interview.

DECLARATION

I declare that the above statement of particulars furnished by me are true in all respect and as such, I undertake that if subsequently I am found to have given wrong information in connection with my admission then my name will be immediately removed from the school and agree to abide whatever legal actions against me.

Date:

Full Name & Signature of the Applicant

.....

Countersigned by Parents / Guardians
(with Name & Relation)

.....

APPENDIX I

(To be submitted by the selected Candidate only and submit at the time of admission)

I Sri/Smt (Name of the Local Guardian) residing at.....
.....(complete address) to act as the Local Guardian of
Miss/Smt/Sri..... daughter ofduring
his /her period of study in the school.

I also undertake to act on behalf of the parents of the said student during the period of the study in Health Nursing School for which I have been empowered by the parents of the said student.

I further undertake the custody of the above student if and when required by the school and to ensure he/she maintains discipline and good conduct during the course.

Date:

Full Name & Signature of the Guardian

.....
Phone No (please provide two numbers if possible)

.....

ATTESTATION BY PARENTS

The above undertaking has been signed in my presence, I empower Sri/ Smti
to act as the local Guardian of my Son/ daughter, Miss/ Sri/ Smti.....during
the period of his/her study ship.

Date:

Full Name & Signature of the Parents

.....
Phone No (please provide two numbers if possible)

.....

APPENDIX II

**CERTIFICATE OF PHYSICAL FITNESS IN REPORT OF SELECTED CANDIDATES FOR
ADMISSION TO GNM/ ANM COURSE 2022-2023**

Date of Examination:

Name of the candidate: Age: Sex:

Identification Mark:.....

Weight: Height: Pulse:..... BP:..... Temp:

Eyes (including Vision): Ears:

Chest: Heart: Liver:.....

Lungs:

Urine R/E:.....

Routine Blood test:

.....

Thyroid Test:..... Sugar:

Please indicate if Pregnant:..... (Inc case of Female Candidate)

LMP: (Inc case of Female Candidate)

Remarks / Treatments:

1.
2.
3.

I certify that I have examined the above named candidate and did / did not find any disease, abnormalities or body infirmity and I does/ does not consider him/her physically and mentally fit to undergo GNM/ANM course.

Date:

Place:

Full Name & Signature of the Examiner.

Designation:

Reg.No:

Seal:

Note:

*To be submitted during the time of Admission along with appendix I.

*Attach Investigation reports and X ray films.