

Mob. No.

SAIL/BOKARO STEEL PLANT **BOKARO GENERAL HOSPITAL**

Roll No.:

(ISO 9001:2008 Certified)
BOKARO STEEL CITY, JHARKHAND-827004

SCHOOL OF NURSING

							Al	PPL					FOR TTER			DUR	SE						recen	
1.	Nam	e (Su	rnam	e Firs	st)		:														-	-	grap	
2.	Nam	e of F	athe	/Gua	ırdian	1	:																	
3.	Оссі	upatio	n of F	athe	r/Gua	ardia	n:																	
4.	Date	of Bi	th				:	/_		/		5.	Place	e of B	Birth:									
6.	Sex						:					7	. Mari	ital S	tatus	: M	arried		Un	marr	ied [
9.	(Cast	gory te cert onality ess fo	ificate /	issue	d by t	he au	thoriz	ed pe	erson	must	be en	close	, if belo			ST/OE eligior		:						
	1			_			_				_				_	_								
	+			_			_	_							Г		PII	N	1					
Mob	Mob. Email:																							
12.	Pern	naner	nt Add	lress	:																			
																	PI	N						
13.	Educ	ation	al Qu	alifica	ation ((Encl	losed	latte	sted	photo	сорі	es of	certifi	cate)									
Examination Passed		on	Month & Year of Passing				Board / Institution					n	Div. % of Marks			Subjects								
															\neg									
any																	nowle ture w							
Dat End	cl.: Caste c	ertifica	te (Ifth	e cand	lidate b	elongs	to SC	/ST/OE	BC)	Selfa	addres	sed & s	(for age stamp fi	xed en	velope	9	Name						cant	
	10+2 a	idmit ca	ard, ma	rkshee	t & pas	ss certi	ificate		DD [Detail ::	: DD I	No		; [Bank			Date	e:		Amo	unt:		
Nar	aro G	take Gener Fathe	al Ho	spital		sole							NTS / er / wa				i) & con	duct	durir	ng the	e col	ırse (of GN	IM at
	. No																	S	ignat	ture c	of Fat	her/	Guar	dian



SAIL/BOKARO STEEL PLANT BOKARO GENERAL HOSPITAL

(ISO 9001:2008 Certified)
BOKARO STEEL CITY, JHARKHAND-827004

SCHOOL OF NURSING

APPLICATION FORM FOR GNM COURSE (USE CAPITAL LETTERS ONLY)

A	DM	IT (`	
Δ			. 4	401

(To be filled by the Candidate)

Roll No. :									
L									
	Paste recent								
	passport size								
	photograph								

		Signature of Candidate
Name of the Candidate :		
Father's/Guardian's Name :		
Correspondence Address:		
(for Office Use)		
Examination Venue:		
	Signature of Invigilator	PRINCIPAL School of Nursing

 $Note: Examination\ Date: 31.08.2015\ |\ Reporting\ Time:\ 09.30\ AM\ |\ Commencement\ of\ Examination: 10.00\ AM\ |\ Commencement\ of\ Examination: 10.00\$