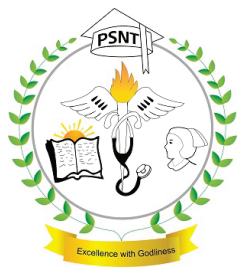


Registration No.

PUSKAR SCHOOL OF NURSING TRAINING

Application No.

Hanuman Mandir Road (Near South Railway Colony) Krishnapuri, Road No. 1 Chutia,
 Ranchi – 834001 Jharkhand, Tel No – 0651-2460123, 07367957505, 09471552675
 E-mail - Info@puskargroup.com Website - www.puskargroup.com



APPLICATION FORM

ANM - Auxiliary Nurse & Midwives



Details of Demand Draft

Name of the Bank & Branch	Payable	DD No.	Date of Issue	Amount

Please read the Instructions on the reverse before filling & submitting application form

- 1. Name of Applicant
- 2. Male / Female 3. Place of Birth 4. Date of Birth
- 5. Nationality 6. Mother Tongue 7. Religion
- 8. Category (Tick whichever applicable) ST SC OBC Gen
- 9. Father's Name
- 10. Mother's Name
- 10. Occupation
- 11. Residential Address
-
 E-mail Tel. No.
- 12. Name and place of the last College attended
- 13. Medium of Instruction in the previous institution
- 14. Qualifying exam completed
- 15. Percentage % : X XII
- 16. List of enclosure :

1. Marksheet X & XII 2. School/College Leaving Certificate 3. Admit Card X & XII 4. Conduct Certificate 5. Migration Certificate 6. Provisional Pass Certificate XII
 7. 16 Passport Size Photographs

Puskar School of Nursing Training offers its programmes in affiliation with recognised by Indian Nursing Council, New Delhi & Jharkhand Nurses Registration Council

For Office Use Only

Cr. No. Date Date of Admission

Admitted to Condition

Signature of the Principal

IMPORTANT INSTRUCTIONS

(Please read the instructions carefully before filling up)

- (a) The form should be complete in every aspect.
- (b) The form duly completed in all respects and supported by all documents should be submitted to the Principal of the School only.
- (c) The form should be accompanied by 4 sets of the following (attested copies)
 - 1. Marksheet X & XII
 - 2. School/College Leaving Certificate
 - 3. Admit Card X & XII
 - 4. Conduct Certificate
 - 5. Migration Certificate
 - 6. Provisional Pass Certificate XII
 - 7. 16 Passport Size Photographs

DECLARATION BY APPLICANT

- (a) I declare that the entries made above by me in the form are correct to the best of my knowledge. I am aware that if any of the entries is found to be incorrect, my admission is liable to be cancelled.
- (b) I undertake to abide by the rules and regulations of the School in force from time to time and to submit myself to the disciplinary jurisdiction of the School Management, Director and other authorities of the School.

DECLARATION BY PARENTS/GUARDIAN

- I am in harmony with purpose and objects of Puskar School of Nursing Training, Ranchi and its rules and regulations. I desire that my ward receives the full benefits of education at the School.
- I have read the rules and regulations of the Puskar School of Nursing Training and I Promise to abide by them. If my ward's conduct at the school is not in consonance with the aims and philosophy of the school has the right to penalize, suspend or even expel my ward from the school at any time.
- Agree to pay all the dues on scheduled times.

Admission to the school is restricted by the school management. The management of the school reserves the right to refuse any application without having to assign reason for his action. The school reserves the right to change the fees structures, dates, timing and any other provisions of requirements at anytime, without prior notice.

Date

Student's Signature

Date

Parent's Signature