



Application Form

Course Applied for M.Sc (Nursing) GNM M.Pharm B.Sc MLT M.Ed (MR) BASLP BBA
 B.Sc (Nursing) FHWTC Pharm D M.Sc MLT B.Ed SE (MR) D.S.E (ASD) B.Com (Finance & Taxation)
 (Please tick) P B B.Sc. (Nursing) D.Pharm B.Pharm DMLT D.Ed SE (MR) D.E.C.S.E (MR) B.Com (Computer Application)

PLEASE READ INSTRUCTIONS AT THE END CAREFULLY BEFORE FILLING UP

Name _____		
Age _____	Date of Birth _____	
Sex _____	Nationality _____	Blood Group _____
Religion _____	Caste _____	Marital Status _____

PLEASE
AFFIX YOUR
PHOTOGRAPH
HERE

Name of Parent/ Guardian _____

Occupation _____ Annual Income _____

Permanent Residential Address _____

Phone No. with STD code _____ Contact Mobile No. _____

E-mail _____

Address to which communication is to be sent _____

Education Profile

Sl. No.	Qualifying Examinations (Please specify the qualification, course)	Name of Institution/ University	Year of Passing	% of Marks
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Work Experience (If any)

Sl. No.	Name of the Institution/ Organisation	Designation/ Position held	Period of Employment	Reason for leaving
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Extra Curricular Activities

Sl. No.	Specify the Item (E.g.: Sports-Volleyball, Art-Folk Dance etc.)	Name of Institution/University participated	Year of Participation	Prizes Received
1.				
2.				
3.				
4.				

Academic Achievements (E.g.: Degree rank holder, Publications, Recipient of merit scholarship etc.)

Sl. No.	Specify the Achievement	Name of Institution/University	Year of Achievement	Prizes Received
1.				
2.				
3.				

Hobbies & Interests

Declaration by the Applicant

I hereby declare that the above mentioned information are true and correct to the best of my knowledge and belief.

Place _____ Signature of the Applicant _____
Date _____ Name _____

Declaration by the Parent/ Guardian

I hereby confirm having read the above information given by my ward and declare that the same are true and correct.

Place _____ Signature of Parent / Guardian _____
Date _____ Name _____

Instructions

1. Please fill in BLOCK LETTERS only
2. Columns not applicable may left blank.
3. Use additional sheets if necessary to give more details or if the given space is insufficient
4. Please attach self-attested copies of any relevant certificates/ documents.

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