

P.G. COLLEGE OF NURSING

CANCER HOSPITAL CAMPUS, GWALIOR (MP)

(SESSION 2021-22)

APPLICATION FORM FOR

PHOTO

ANM GNM B.Sc. Nursing Post Basic B.Sc. Nursing M.Sc. Nursing

(FILL IN CAPITAL LETTER)

1. Full Name of the Candidate	
2. Email ID of the Candidate	
3. Aadhar Card No. of the Candidate	
4. Father's Name & Aadhar No.	
5. Mother's Name & Aadhar No.	
6. Marital Status (If Yes Name of Spouse)	
7. Parent's Email ID	
8. Parent's Mobile No.	
9. Nationality	
10. Date of Birth	Date <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Month <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Year <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
11. Domicile resident of state of M.P. Code :- (Y for Yes N for No.)	
12. Identification Mark:	
13. Category Code & Religion	<input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input style="width: 50px;" type="text"/>
14. Permanent Address	
Telephone No.	
15. Local Address	
Telephone No.	

16. Choose any two specialities in order of preference. (Only for M.Sc. Nursing Candidate)
 1. Med. Surg. Nsg. 2. Psychiatric Nsg. 3. Com. Health Nsg. 4. Gyn and Obs. Nsg. 5. Child Health Nursing

17. Education Qualification

S. No.	Exam. Passed	Name of Board/ Univ	Subject	Year & Name of passing Institution	Total Marks obt.	% Aggr.
1	10 th					
2	12 th					

S.No.	Professional Qualification	University	Name of Institute	Year of Passing	Marks	%	Grade
1							
2							

18. Experience from To (original experience certificate)
 19. Particulars of D.D. No./Date Amount/Bank
 20. Nursing registration number **RN/RM** (M.Sc.(N) & Post Basic BSc.(N) Candidate)

DECLARATION

I, Ms./Mr..... declared that, above mentioned all information are correct. I have read the admission policy of P.G. College of Nursing.

Note : After admission submit the photographs of L.G. and other guardians. Complete local guardian form submission is mandatory.

Date -

Signature of Parents/ Guardian

Signature of Applicant

Note:- (1) 16, 17B, 18 & 20 only for M.Sc. Nursing Courses. (2) 17B, 18 & 20 only for Post Basic & B.Sc. Nursing

P.G. COLLEGE OF NURSING

Cancer Hospital & Research Institute, Gwalior (MP)

Medical Fitness Certificate

PHOTO

1. Full Name (In Block Letters) :.....
2. Date & Place of Birth :.....
3. (a) Have you had intermittent or any other fever, enlargement of suppuration of glands, spitting of blood, asthma or Heart disease, fainting attacks, rheumatism, appendicitis ?
.....
(b) Any other disease or accident requiring confinement to bed and medical or Surgical treatment ?
.....
4. Your last immunized against :
(1) COVID -19 – Date of 1st dose Date of 2nd doesName of The Vaccine
(2) B.C.G. & T.T.
(3) Rubella
(4) Hepatitis –B
(5) Chicken Pox
5. Furnish the following particulars concerning your family.

Parent's age, if living state their health status	Parent's age, at death and cause of death	No. of Brother/ Sisters Living and their State of health
(1)	(2)	(3)

Candidate's Signature

Signature & Seal of Govt. Doctor

Name of Doctor-

Registration Number-

Note : The candidate will be responsible for the accuracy of the above statement, if someone willfully suppresses any information, she/he will incur the risk of losing selection and if selected, will lose all claim to remain selected for the training.