Passport size photo



NOVENA SCHOOL OF NURSING

(A unit of Dr.Chhang's Super Specialty Hospital Pvt. Ltd.)

Himanchal Vihar, Phase-III, Matigara-734010 Ph.No. 0353-2571100 / 8927550599

> novenaschool.slg@gmail.com www.novenaschoolofnursing.com

APPLICATION FORM: 20___-20___ **GENERAL NURSING AND MIDWIFERY** (Please fill in BLOCK letters only) Name of the candidate: Date of Birth: Date Month Year Religion: Married Single Marital status: Aadhar No.: General Other (Specify) Category: Phone No.: Email ID: Father's Name: Mother's Name: Permanent Address: Pin Code: State: Phone. No.: Address for

State:

Correspondence:

Pin Code:

Phone. No.:

Educational Qualification:

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Exam Passed	Name of the Board/University	Year of Passing	Subjects	Marks	Percentage (%)
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Medium:	English	Hindi	Others (Spe	cify)	
Documents Required (Att	tested Xerox)				
· 3 cop	ies of attested Mark sh	neet & Pass Certificat	e of Madhyamik (Class	s-X).	
	ies of attested Mark sh			(Class-XII).	
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	oies of attested School	_			
	ies of attested Residen			ram Panchayat/ м.	L.A/S.D.O/B.D.O.
	ies of attested ST/SC/g		ory Certificate.		
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	oies of attested Aadhar				
	cal fitness Certificate w		WERE		
· Mark	sheet verification requ	lired for CBSE, ICSE 8	WBBSE students.		
DECLARATION BY THE CA	ANDIDATE:				
I have read all the rules a	nd regulations mentior	ned in the prospectus	s and shall abide by the	em. I hereby declai	re that
the information is true an				,	
		,,			
Date:					
Date.		-			
Place:	Place: Signature of the Candidate				

DECLARATION BY THE PARENTS:

I hereby declare that I have known the financial obilgation and I can afford to pay all the costs and I undertake to pay the tuition and other fees payable to the nursing school under the rules in force & which may be framed from time to time by the Management. I am aware that the fee paid to the nursing school for admission will be forfeited in case of her discontinuation of the studies for any reason.

I also stand responsible for the good conduct and good behavior of my ward and I shall ensure that she attends all the classes, tests and viva conducted from time to time aduring the period of her study in the nursing school.

I understand, a student may be asked to leave the nursing school at any time for her misbehavior and irregular attendance. In such a case, I am aware that the fees paid by me is not refundable, transferable or adjustable.

I also stand by the declaration given by my daughter to the nursing school.

Date:	
Place:	Signature of the Parent