



MEENASHRI INSTITUTE OF NURSING

Ormanjhi, (Block chowk), Dardag, Ranchi, Jharkhand-835219

Recognised by : Indian nursing council (INC) New Delhi

Affiliated to : Ranchi University (R.U.), Jharkhand nursing council (JNRC), Ranchi

Mob.-9470270431, 7004567293

Web.-www.meenashriedu.com

Email-meenashri.group@gmail.com



APPLICATION FORM

Academic Session :

(To be filled by the Candidate in Block Letters)

COURSE : A.N.M. G.N.M. B.Sc.



1. APPLICANT'S NAME

2. FATHER'S NAME

OCCUPATION MOB.

3. MOTHER'S NAME

OCCUPATION MOB.

4. PRESENT ADDRESS

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5. PERMANENT ADDRESS

.....

.....

6. DATE OF BIRTH

7. GENDER MALE FEMALE

8. CATEGORY GEN BC-1 BC-2 ST SC PH

9. MARITAL STATUS MARRIED UNMARRIED

10. NATIONALITY

11. RELIGION

12. AADHAR NO.

13. BLOOD GROUP

14. E-MAIL ID

15. ACADEMIC QUALIFICATION

Sl No.	Exam passed	Institution	Board/University	Year of Passing	Subjects	Total Marks	Percentage
1.							
2.							
3.							
4.							

16. ENCLOSE THE FOLLOWINGS

a. Attested Copies :

- 10th Mark Sheet & Pass Certificate
- 12th Marks Sheet & Pass Certificate
- Migration Certificate
- School Leaving/Transfer Certificate
- Aadhar Card

b. Medical Fitness Certificate

c. 10 Passport Size Photograph

d. Cast Certificate (in case ST/SC/OBC Candidates)

e. Residential Certificate

f. Income Certificate

DECLARATION BY PARENTS/GUARDIAN

I..... hereby declare that the above information is correct to the best of my knowledge and the applicant, Miss/Mrs./Mr. Is my daughter/son & that he/she will abide by the rules & regulations of this institution. I understand that in the event of his/her violating any one or more of these rules. He/she will be terminated.

Signature of Parent/Guardian

Signature of Applicant/Candidate

Date

Date

NOTE : ONCE DEPOSITED FEES WILL NOT BE REFUNDED AT ANY COST.