



# COLONEL SCHOOL OF NURSING

CHURAL KALAN, Near Jakhal Mandi, Distt. Sangrur (Punjab) 148031  
Phone : 01676-234006, 234606 Mob. 90818-98000

APPLICATION FORM  
Admission of the GNM/ANM Course

Session :

Name \_\_\_\_\_

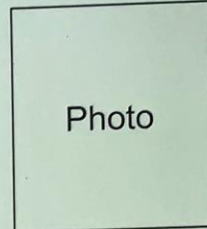
(In Block Letters)

Father's Name/Husband's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Adhar Card No. \_\_\_\_\_

Address : \_\_\_\_\_



## ACADEMIC QUALIFICATION

|               | Division | Year of Passing | Subjects |
|---------------|----------|-----------------|----------|
| Matriculation |          |                 |          |
| 10+2          |          |                 |          |
| B.A./B.Sc.    |          |                 |          |
| Other Exam.   |          |                 |          |
|               |          |                 |          |

Medium : \_\_\_\_\_

Exam Curricular Activities : \_\_\_\_\_

### DECLARATION :

I hereby declare that all information given above are correct to the best of my knowledge and belief. Any information at any stage found wrong my candidature may be cancelled.

Signature of Student

I, the guardian of Smt./Km. \_\_\_\_\_ Give my consent to take up to the course she has applied for. I have made conversant of my self with the rules and regulation of the institution. I will abide by the rules and regulations of institutions contained in prospectus.

Signature Parents / Guardian

For Office Use Only

Application form was received on \_\_\_\_\_ with all necessary papers. No. of documents enclosed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature