

SHIMLA NURSING COLLEGE

AN UNIT OF RCS ASSOCIATES CHARITABLE TRUST (Regd.)

VILL- SHURALA/CHAMYANA; PO- KAMLANAGAR; TEHSIL & DISTT. – SHIMLA; HP – 171006 Contact: 0177-2674667; 9459595566; website: <u>www.shimlanursingcollege.com</u> email <u>contact@shimlanursingcollege.com</u>

APPLICATION FORM FOR 03 -YEAR GNM TRAINING COURSE FOR THE ACADEMIC SESSION 202..-2.. Batch 202...to 202...)

1. Name of the applicant (in capital letters)			
2. Father's Name Mother's N	ame		Affix here
3. Date of Birth (as per matriculation certificate)	(Attested cop	y to be attached)	latest original
4. Age as on 31.12.202:	s Days.		passport size self-attested
5. State of Bonafide/ Domicile:Adhar Card	No		nhotograph
6. Address for Correspondence			
7. Permanent Address			
8. WhatsApp Mobile Number and email id for contact:	Paren	t's Mobile No	
Email id			
9. 10+2 Passed in (Tick) Group: (1) Medical (2) Non Medical (3) Commerce (4) Arts (5) Others	
10. Percentage of marks in 10+2 examination : (Attested copy to be	e attached)		
Name of Board:	1395	ENCE	
Roll No.:	Marks Obtained	Total Marks	(% age)
Year of Passing: RCS			
Subjects:	1000	INC	
11. (i) Category (General/SC/ST/OBC) (Photocopy to be attached)	Allot	ed
(ii) Sub- Category (EWS, IRDP, Ex- Serviceman/ Ward Children of Freedom Fighter Certificate	of Ex-Serviceman, Phy (issued by the competer		
12. Character and Bonfide Certificate issued by the Tehsildar / Execut	ive Magistrate (Photoc	opy to be attached)	
13. Online Fee Submission (Through SBI Collect) attach the fee depos	sit receipt with applicati	on form.	
14. Marital status			
15. HPNRC Exam Roll No.	•		
DECLARAT			

I, the above named applicant do hereby certify that the above information is true to the best of my knowledge and no part of it is false and nothing has been concealed there from. It is further declared that for any kinds of wrong information etc. my candidature will be liable to be rejected straightway.

Date: Place: