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: www.shimlanursingcollege.com email contact@shimlanursingcollege.com

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 Name**…………………….…………

3. **Date of Birth** (as per matriculation certificate)……………….………………(Attested copy to be attached)

4. **Age as on 31.12.202..**: ………… Years...............................Months.......................... Days..............................

5. **State of Bonafide/ Domicile**: ………………...……**Adhar Card No.** …………………………………..

6. **Address for Correspondence**……………………………………………...………………………….…..

   …………………………………………………….…………………………………

7. **Permanent Address** ………….………………………………...…………………………………………

   …………………………………………………….…………………………………

8. **WhatsApp Mobile Number and email id for contact**: …………………..…… Parent's Mobile No……….……………

   Email id …………………………………………………………

Affix here latest original passport size self-attested photograph

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 attached)

Name of Board: ………………………………….			
Roll No.: ……………………………………….…	Marks Obtained	Total Marks	(% age)
Year of Passing: ……………………………………			
Subjects: .…………………………………………..…			

11. (i) **Category (General/SC/ST/OBC)** (Photocopy to be attached)……………….………………………Alloted …………………

    (ii) Sub- Category (EWS, IRDP, Ex- Serviceman/ Ward of Ex-Serviceman, Physically handicapped, Children/ Grant Children of Freedom Fighter Certificate (issued by the competent authority -Photocopy to be attached)

12. Character and Bonfide Certificate issued by the Tehsildar / Executive Magistrate (Photocopy to be attached)

13. Online Fee Submission (Through SBI Collect) attach the fee deposit receipt with application form.

14. **Marital status**……………………………………………

15. **HPNRC Exam Roll No. …………………………………..**

DECLARATION:

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: Signature of Parents   Signature of Applicant