

# EMERALD NURSING INSTITUTE, BARABANKI (U.P.)

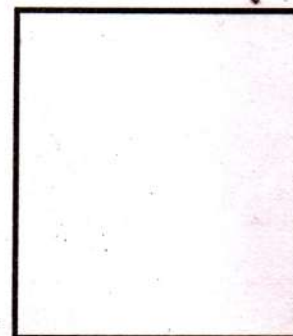
KHAJOORGAON, POST- TINDOLA ROAD, BARABANKI - 225003

EMAIL: e9paramedbbk@gmail.com

## APPLICATION FORM FOR ANM, GNM, X-Ray Tech., DOPT & B.Sc. NURSING

Sir,

I am desirous to seek admission in course of your institution and submitting my Bio-data as in the following:



1. Name of applicant: .....  
(In capital letters)
2. Applicant's Father Name: .....
3. Applicant's Mother Name: .....
4. Full Permanent Address: .....  
..... Phone ..... Email .....
5. Correspondent Address: .....  
..... Pnone ..... Mobile .....
6. Name of medical course: .....
7. Date of birth..... 8. Nationality.....
9. Marital Status:..... 10. Sex.....
11. State is belong to SC/BC/ST.....
12. Educational Qualification.....
13. RN No. .... RM No. .... Dated ..... Council.....

SN	Exam passed	Board/University	Year	Total Marks	Mark Obtained	%age

14. Other Courses.....
15. Any extra Curricular Activity or Any distinction in studies if obtained .....
16. Whether applied for admission to other institutions, deferent course if so please details.....

### DECLARATION

I was born.....and I am eligible for admission as per minimum maximum age for admission. I also hereby that I have filled the above form myself and the information submitted by me as correct. If any information I have submitted shall be found false or that my fraudulent means have been used by me for seeking the admission I shall be liable for any action and the authorities will have all right to take any action against me. I Further declare that I shall strictly abide by the rules and regulations of the institution.

Date:.....

Parent's/Guardian's Signature

Full Signature of Applicant

Place:.....