GANGA SHEEL SCHOOL OF NURSING

(Campus:- Manpuria Janki Prasad, Bisalpur Road, Bareilly- U.P.)

(City Office: A-3, Rampur Garden, Opp. Gandhi Udyaan, Bareilly) Phone No. 9389723945, 9359064697 Visit us: - www.gangasheelschoolofnursing.com, e-mail: principalgssn@gmail.com

Recognised by Indian Nursing Council, Affiliated by UPSMF, Lucknow (UP)/Atal Bihari Vajpavee Medical University, Lucknow (UP), M.J.P. Rohilkhand University, Bareilly (UP)

ADMISSION FORM

					SESSION 20_										
GSSN/SN Adm. No. The application form must be filled in BLOCK LETTERS in candidate's own hand writing after carefully reading the PROSPECTUS. Mark tick ($\sqrt{\ }$) in the box for the course which you want to apply:									•	Photograph of Student					
					N, OBG, PAED, M	_	1 7								
B.Sc. Nu	Ü	•	`	·		ĺ									
Post Basi	C	g													
Diploma	in Gener	al Nurs	sing &	Midwif	ery (GNM)										
Auxiliary			_		,										
1. Name of App		-			rtificate):						 				,,,,
					Mc										
Occupation:	• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •	Income		Aa	adha	r No		 				
3. Mother's Nam	e:				Mo	obile N	No				 				
Occupation:	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	.Income		A	adha	r No)	 				•••••
4. Date of Birth:		Date		•••••	Month	Ү	l ear								
In words:											 • • • • •				
5. Age on (as 3	1 st Dec.)	• • • • • • • • • • • • • • • • • • • •				• • • • • • •	• • • • •		.Sex	ζ	 				
6. Marital Statu	s:										 • • • • •		• • • • • ·		
7. Religion :		• • • • • • • • • • • • • • • • • • • •			Nationality	y					 				
8. Category:					9. Aadhar No.										
10. Address:	GEN	SC	ST	ОВС							 				
1. Permanent	Address	:	•••••						••••		 			••••	
Contact No:					Email:						 				

-	nce/ Local Guardian's Addre										
			Pin Contact No:								
			Relationship with Student:								
	act details: Mobile No:		11								
email ID (In Ca	apital letters) :										
11. Academic (Qualification:										
Exams	Subjects	School/College	Board/University	Roll No.	Passing Year	% & Grade					
High School											
Intermediate											
Graduation											
P.G.											
Any Other											
Training											
	DECL	ARATION BY TI	HE APPLICANT								
information is rending me liab My adduniversity/collerules of disciple	y declared the entire made found to be false, I understable to such action as the college mission to the college and any other rules and ine and proper conduct whill as the punishment and that ority.	and that this shall ege authorities may d my continuance instructions which ch may be framed	ntail automatic cance deem proper. on its rolls are su may be issued from t in this regard. I am	llation of ubject to time to tinfully awa	the provisine. I shall a	sion, besides sion of the bide by the w regarding					
Signature of Fa Date: Place:		Signature of applicant									
Documents to b	ne attached with application f	From (duly attested	by Gazetted Officer)								
1. Matricu	late Certificate Having Date	6. Domicile Certi	6. Domicile Certificate								
2. 10+2 Ce	ertificate	7. Income Certific	7. Income Certificate								
3. Charact	er Certificate from the last in	8. Aadhar Card	8. Aadhar Card								
4. Migratio	on Certificate /Transfer Certi	9. Coloured Passport Size Photos (6)									
5. Caste C	ertificate										
Signature of Aco	lmission Incharge	Signature Date:	Signature of the Principal Date:								