

SCHOOL OF NURSING & PARAMEDICAL SCIENCES

CHRISTIAN HOSPITAL KASGANJ

Application Form For

1. Name of Candidate.....
2. Age & Date of Birth -----
3. Religion & Caste-----
4. Home Address-----
5. Father's Name & Occupation-----
6. Mother's Name & Occupation-----
7. Guardian's Name & Occupation (If other than Father or Mother)-----

8. Who is responsible to pay your Tuition (Yearly) Fee-----
9. Who is responsible to pay your Hostel & Mess Fee-----
10. Education – **(A) High School (Matric) Examination**

1. If pass private give month----- Year-----
2. If pass as regular student give month----- Year-----
3. Roll No. ----- Private----- Regular-----
4. List of Subject studied-----

(B) Intermediate Examination or its equivalent (10+2)

1. If pass private give month----- Year-----
2. If pass as regular student give month----- Year-----
3. Roll No. ----- Private----- Regular-----
4. List of Subject studied-----

(C) List any other Board of University exams you have passed-----

11. Language ability indicate by checking good , fair or Poor :

Hindi: Good----- fair----- Poor-----

English: Good----- fair----- Poor-----

12. Have you ever been enrolled any other School Of Nursing ? Yes----- No-----

If Yes, Give the name and address of the School and Date -----

13. Personal Information:

(A) Weight ----- Height-----

(B) List any physical handicaps -----

14. (A) Have you read the rules in the prospectus thoroughly ?

(C) Are you prepared to abide by these rules ? Yes----- No.-----

15. Recommendation:

Give the names address and designation of 2 persons (as mentioned in prospectus)

(A) -----

(B) -----

16. Write the statement, " Why I want to become a Nurse in a separate paper and send in along with this form, pictures and other documents.

Signature Of candidate----- Date-----

FOR OFFICE USE ONLY

1. Application form issued on -----

2. Complete form received on-----

3. Remarks-----

Written Test held on-----

Interview held on date-----

4. Signature of office authority ----- Candidate ' s Name-----

CHRISTIAN HOSPITAL KASGANJ

Declaration of Parent/ Guardian

1. Name of Candidate----- 2. Date of Birth-----

3. Nationality ----- 4. Education Standard-----

5. Religion----- 6. Denomination-----

7. Father's Name-----8. Occupation-----

9. Address-----

10. Mother's Name----- 11. Occupation-----

12. Is the candidate receiving financial help any organization? If yes state the source.

Father's income per month Rs. ----- Over time earning. Rs. -----

Interest on stock or fixed deposited Rs. -----

Interest from house or property Rs. -----

Allowance Rs. ----- Pension Rs. -----

Other sources Rs.-----

Total income from all sources----- Signature -----

Mother's Income per month-----

Allowance RS.-----Pension-----

Other Sources----- Signature-----

This signature must be counter signed by the employer or in case of unemployed person by a magistrate or clergyman.

Counter Sign..... Date.....

MEDICAL CERTIFICATE

Name----- Age----- Sex-----

Father's name----- Community-----

Weight----- Height-----

Home Address-----

Vision----- Hearing-----

Has anyone in the family had tuberculosis, cancer or syphilis-----

Sate which and who-----

What disease has she/ he had?

Haert----- B.P.----- X-ray Chest-----

Abdomen----- Liver----- Lungs-----

Menstrual History-----

Nose----- Throat----- Skin-----

Glands-----

Laboratory Kahn test----- HB%-----

Vaccination and inoculations with dates given-----

Small pox----- TAB----- BCG-----

Do you think the candidate is fit for Nursing/ Paramedical Training?

Date-----

Signature & Seal & Degree -----

Any Comments-----

SCHOOL OF NURSING & PARAMEDICAL SCIENCES

CHRISTIAN HOSPITAL KASGANJ

(Hall Ticket for Entrance examination)

Application / Prosp. No. -----(not applicable if download by website)

Applied for the Course-----

Name-----

Father's name-----

Postal Address & Pincode-----

Date of Written Entrance Exam----- Time-----

Date of Interview----- Time-----

Note- *if you are sending the completed application form and certificates through post/ courier , kindly keep this page (Hall Ticket page only) in your hand and you have to produce this hall ticket during Written and interview time.*

Date of written and interview will be informed by computerized call on registered mobile number or published on our website.

Sign. Of candidate