

APPLICATION FORM

FOR DIPLOMA IN G.N.M./A.N.M. SESSION 2020-2021

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[illegible]

Divorce ☐

[illegible][illegible][illegible]

	Ph./Mob. No.
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19 Academic Education Continue : Yes ☐ No. ☐

[illegible][illegible][illegible]

ACADEMIC QUALIFICATIONS

SL. NO	BOARD / UNIVERSITY	SUBJECT'S	% OF MARKS
1.			
2.			
3.			
4.			

OTHER PROFESSIONAL QUALIFICATION

SL. NO	BOARD/COLLEGE/UNIVERSITY	SUBJECT'S	% OF MARKS
1.			
2.			
3.			

Declaration

I/We..... S/o, D/o.....here by
declare that the above statement and information are correct to the best of my/our knowledge.

Parents Signature

Candidates Signature

RULES AND REGULATIONS

- | | |
|--|---|
| <p>1. Student is requested to reach in the class on time</p> <p>3. Late fee will be charged if fee is not submitted on due date.</p> <p>5. Management could cancel the registration of candidate if he/she is find/caught while cheating any consciences in the college.</p> | <p>2. 80% Attendance is Compulsory for the exam.</p> <p>4. Weekly projects & progress test should not be avoided.</p> <p>6. No student will be allowed ot leave his/her class in between.</p> |
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FOR OFFICE USE ONLY

NAME _____

ADDRESS _____

APPLICATION FORM _____

INTERVIEW TAKEN BY _____

REMARK _____

Date _____

Authorised Signature

11 km. N. H. - 28, RUDRAPUR, KUSHMI, GORAKHPUR-273002 (U.P.)

C.M.S.N. NURSING & PARAMEDICAL COLLEGE

11-Km-NH-28, Kasia Road, Kushami, Gorakhpur-273002

Mob. : 9454071569, 7388609999, 9839064502

E-Mail : cmsnnursing@gmail.com

HOSTEL ADMISSION FORM

Particulars must be Filled by the candidates in his/ her own hand writing

Form No.

Date :

Name of Applicant :

Father's/ Guardian's Name :

Course :

Class : Date of Birth Blood Group

Permanent Home Address :

Contact No. (Landline) Mobile No.

GUARDIAN CERTIFICATE

Signature of Applicant

I, Certify that my son / Daughter
is applying for Hostel accommodation on the Campus of the CMSN Nursing & Paramedical College, Gorakhpur with my permission
and I undertake that I will be responsible for His/ Her good behavior during his/ her stay in the Nursing Hostel and will accept all
Decision of the nursing Authorities in matter of Hostel Admission and Discipline. I will be responsible to pay all the Hostel Dues, if
any, against my son/ daughter.

Name : Father's Name :

Address :

Pin Code : Contact No. :

FOR OFFICE USE ONLY

Allotted Seat in :

Receive Rs. : Receipt No. :

Bank Name :



C.M.S.N. NURSING & PARAMEDICAL COLLEGE

11-Km-NH-28, Rudrapur Kasia Road, Kushami, Gorakhpur-273002

Mob. : 9839064502, 9415261827, 7388609999

E-Mail : cmsnnursing@gmail.com

Affix your Latest
Coloured Passport
Size Photo

ADMIT CARD FOR ENTRANCE EXAM

1. NAME OF THE CANDIDATE :
2. AGE :
3. GENDER : MALE ☐ FEMALE ☐
4. S/o, D/o, W/o
5. TICK OUT THE COURSE APPLIED FOR
(A) ANM ☐
(B) GNM ☐

Signature of Candidate

Note : It is compulsory to Bring the admit Card in the entrance Exam.

VENUE OF EXAMINATION

CMSN NURSING AND PARAMEDICAL COLLEGE, KUSHMI, GORAKHPUR