

Ph. No.

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

APPLICATION FORM

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

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2. Fath	er's Name/l	Husbar	nd's/G	uardia	an's N	ame											3,5	
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3 Moth	er's Name:															310	ident	
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5. Moth	er's Occupa	ations																
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ACADEMIC QUALIFICATIONS

SUBJECT'S	% OF MARKS							
ESSIONAL QUALIFICA	ATION							
SITY SUBJECT'S	% OF MARKS							
Declaration	ale							
I/We S/o, D/o here by								
ation are correct to the best of my/out	r knowleage.							
	Candidates Signature							
RULES AND REGULATIONS 2. 80% Attendance is Compulsory for the exam								
ue date. 4. Weekly projects & progr	 80% Attendance is Compulsory for the exam. Weekly projects & progress test should not be avoided. 							
Management could cancel the registration of candidate if 6. No student will be allowed of leave his/her class in between the student will be allowed of leave his/her class in between the student will be allowed of leave his/her class in between the student will be allowed of leave his/her class in between the student will be allowed of leave his/her class in between the student will be allowed of leave his/her class in between the student will be allowed of leave his/her class in between the student will be allowed of leave his/her class in between the student will be allowed of leave his/her class in between the student will be allowed of leave his/her class in between the student will be allowed of leave his/her class in between the student will be allowed of leave his/her class in between the student will be allowed of leave his/her class in between the student will be allowed of leave his/her class in between the student will be allowed of leave his/her class in the student will be allowed of leave his/her class in the student will be allowed on the student will b								
FOR OFFICE USE ONLY								
	Authorised Signature							
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11 km. N. H. - 28, RUDRAPUR, KUSHMI, GORAKHPUR-273002 (U.P.)

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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:	
	Date of Birth
Permanent Home Address :	DOG GIOGP
Contact No. (Landline)	Mobile No.
	WODING NO.
GUARDIAN CERTIFICA	Signature of Applicant
	Certify that my son / Daughter
	Campus of the CMSN Nursing & Paramedical College, Gorakhpur with my permission
	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 : Conta	ct 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 🗆		
Sig	nature 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