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	lication Form				
App	olication Form				
Appli (Please	ed for B.Sc (Nursing)	□ GNM □ M.Pharm □ B.Sc MI □ FHWTC □ Pharm □ M.Sc M □ D.Pharm □ B.Pharm □ DMLT	NLT B.Ed SE (MR)		m (Finance & Taxation) m (Computer Application)
	EAD INSTRUCTIONS AT THE END C	AREFULLY BEFORE FILLING UP			
Name					
Age		Date of Birth			PLEASE
Sex		Nationality	Blood Gro	quo	AFFIX YOUR PHOTOGRAPH HERE
Religion	1	Caste	Marital St	atus	
Name	of Parent/ Guardian				
Оссиро	ation		Annual In	come	
	nent Residential Address				
Phone No. with STD code			Contact Mobile No.		
E-mail					
Addres	s to which communication is	to be sent			
Educ	ation Profile				
	Qualifying Examinations (Please specify the qualific	Name of Institut ation, course)	ion/ University	Year of Passing	% of Marks
1.					
2.					
3.					
3.					
3. 4.	Experience (If any)				
3. 4. Work	Experience (If any) Name of the Institution/ Organisation	Designation/ Position held	Period o	f Employment	Reason for leaving
3. 4. Work	Name of the Institution/	Designation/ Position held	Period o	f Employment	Reason for leaving
3. 4. Work Sl. No.	Name of the Institution/	Designation/ Position held	Period o	f Employment	Reason for leaving
3. 4. Work Sl. No.	Name of the Institution/	Designation/ Position held	Period o	f Employment	Reason for leaving

Extra	Curricular Activities				
Sl. No.	Specify the Item (E.g.: Sports-Volleyball, Art-Folk Dance etc.)	Name of Institution/University participated	Year of Participation	Prizes Received	
1.					
2.					
3.					
4.					
Acad	emic Achievements (E.g.: Degree	rank holder, Publications, Recipient	of merit scholarship etc.)		
SI. No.	Specify the Achievement	Name of Institution/University	Year of Achievement	Prizes Received	
1.					
2.					
3.					
Hobb	ies & Interests				
Declo	ration by the Applicant				
I hereb	y declare that the above mentioned inform	nation are true and correct to the be	est of my knowledge and be	lief.	
Place		Sig	Signature of the Applicant		
Date		No	Name		
Declo	aration by the Parent/ Guardio	an			
I hereb	y confirm having read the above informati	on given by my ward and declare t	hat the same are true and c	orrect.	
Place			Signature of Parent / Guardian		
Date		No	ime		
		\			

Instructions

- 1. Please fill in BLOCK LETTERS only
 2. Columns not applicable may left blank.
 3. Use additional sheets if necessary to give more details or if the given space is insufficient
 4. Please attach self-attested copies of any relevant
- certificates/ documents.

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