

Gwalior School of Nursing

Sakshi Parisar, Urvai Gate, Gwalior-474012 (M.P.)
Phone : 0751-2443942 – 2485911 Fax : 0751-2443947



Application Form For GNM

Affix your
Recent Passport
Size
Photograph
here

Instructions for filling the Application form :

1. Fill in the application in capital letters. The form should be complete in all respects.
2. Incomplete forms will not be considered.

Course Applied for : _____

A. Personal Date

A-1 Name _____
(First) (Middle) (Surname)

A-2 Age _____ yrs (As on 1st July) A-3 Date of Birth _____ DD MM YYYY A-4 Sex : M _____ F _____

A-5 Mailing Address _____

Phone _____ Fax _____

Mobile _____ E-mail Address _____

Permanent _____

Address _____

Phone _____ Fax _____

Mobile _____ E-mail Address _____

B. Family Details

B-1 Father's Name _____
Occupation _____

B-2 Mother's name _____
Occupation _____

B-3 Annual Income (Total) In Rs _____ B-4 Category _____
(GEN/SC/ST/OBC)

C. Academic Performance (General Education Qualification)

Exam Passed	year of Passing	Subjects	Board / University	Marks Obtained	Division	Percentage
Matric /10th/SSLC						
10+2/Inter/ Pre-university						

Alongwith above documents attach following certificates :-

1. Marksheet 10+2
2. School Leaving Certificate
3. Migration (if required)

Major Extra-Curricular Activities / Hobbie _____

DECLARATION

I _____

D/o _____ **do hereby solemnly affirm and declare that :**

- Information in this form is correct to the best of my knowledge and belief and nothing has been concealed by me.
- I shall fully abide by the orders, rules and regulations of this College as stated in the prospectus. Ignorance will not be considered.
- I shall not violate the rules of the school by taking part in any kind of strikes or such other activities harmful to the administration / school. If I do so, my name should be struck off from the school and shall not be allowed for refund or fees paid.
- I admit that any charges / fees paid to the school will neither be refundable nor transferable, whatsoever may be the reason.
- In case, I leave the school before the completion of the course, I shall be liable for payment of all dues to the school.
- I shall pay the fees and all other dues in time as mentioned in the prospectus/ notified from time to time.
- I will attend regular classes and participate in school activities and self development programmes.
- All the disputes are subject to the jurisdiction of Gwalior Court only.

This is to certify that I father / guardian shall be responsible for regular payment of fees, any other dues, good contact & welfare of Ms. _____ **During her studies in Gwalior School of Nursing.**

Signature of the Father / Guardian

Date

Signature of the Candidate

Enclosure (s) :

FOR OFFICE USE ONLY	Date of Admission :	Admission No. :	Admitted
	Course : GNM	Receipt No. :	
	Category : GEN/SC/ST/OBE		_____ Signature of Refistrar
	Remarks : Checked qualification, Experience, R.N / R.M certificate, Admission may be given		_____ (Admission Officer)

Norms for GNM Admission

1. Age Limit – 17 to 35 yrs.
2. 10+2 Class Passed with Minimum 40%
3. Migration Certificate for out of Madhya Pradesh Candidate.



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Medical Fitness Certificate

1. Name _____

2. Personal History

(a) Have you had any disease in the past ? Yes/No

If Yes, specify _____

(b) Do you have any chronic ailments at present ? Yes/No

If Yes, specify _____

(c) Do you have any disturbing or unusual persistent complaints ? Yes/No

If Yes, specify _____

(d) Are you taking any treatment or drugs ? Yes/No

If Yes, specify _____

Physical Examination :

1. Height _____ Cms. _____ Feet _____ Inch. _____

2. Weight _____ Kg.

3. B.P. _____

4. Posture _____

5. Eyes _____

Rt Eye _____ Lt. Eye _____

6. Ear _____

Rt Ear _____ Lt. Ear _____

7. CVS _____

8. RS _____

9. GS _____

10. Musculo-Skeletal System _____

11. Menstrual History _____

12. Sign. _____

Signature

Name of the Examining Doctor

Registration Number