Sri Raj Nursing ANM Training Institute

Recognised by Govt. of Bihar, Department of Health)
Affiliated By - B.N.R.C., Patna
Mithapur Bus Stand Road, jakkanpur Thana- Patna-01

APPLICATION FORM FOR ADMISS	ION OF		
(Applicant must fill-up this fo	om in his/her own i	nandwriting)	. 1
1. Name : (In block letters)			100
2. FATHER'S NAME : (In block letters)			РНОТО
2 (I) Aadhar No. Date Month Year		74:	
3. DATE OF BIRTH:] * _		
4. SEX : Male Female 5.	CATEGORY		
	nmarried		,
7. NATIONALITY:	8. Caste		
9. PERMANENT ADDRESS: 10. CORRESPONDENCE ADDRESS:			
Contact No.: Contact No.: 11. IDENTIFICATION MARKS: (1) (2) (2) (2) (2)			
EDUCATIONAL QUALIFICATION	YEAR OF PASSING	DIVISION OR CLASS	% OF MARKS OBTAIND
DECLARATION I here by declare that the Application form has been filled in my own handwriting and that informations furnished there are correct. I shall abide by the rules and regulations of the institution and will obey the orders given by the authorities with regard to my conduct discipline and studies All the required certificates are enclosed here with.			
DATE Signature of the Candidate			
DECLARATION OF THE FATHER/GUARDIAN			
here by declare that I hold myself responsible for the timely payment of the dues, Fines and other charges payable to the institute in respect of my ward and for his good conduct.			

PLACE

DATE Signature of the Father/Guardian