20 20 20	ST HURSING INSTITUTE
SL.No.:	
	SARAN, BIKAR

Session	:	
A.F. No.	:	

SARAN NURSING INSTITUTE

Affiliation No.- N-08-02/2018/1257/6

Address :- Sonho, Po.- Bhatha Sonho Dist.- Saran- 841460

5 Educational Qualifications

Name of Qualifying Examinations	Examining Body	Year of Passing	% of Marks	Subjects Taken
6. Nationality :		7. Religio	on :	
3. Sex :		9. Marial		
12. Weight : 13. Please tick whether	you belog to -			

NB : Regarding claim for SC/ST & Handicapped candidate, it should be supported by a certificate from competent authority.

15. Address for Communication	
17. Declaration by the Candidate:	
17. Declaration by the Candidate:	
17. Declaration by the Candidate:	
17. Declaration by the Candidate: I	
17. Declaration by the Candidate: I	
[Full Name hereby declare that I have read all the instructions and guidelines as issued by the institute from time to time. Full Signature of the Father/Mother	_
[Full Name hereby declare that I have read all the instructions and guidelines as issued by the institute from time to time. Full Signature of the Father/Mother Date: Date: Date: Date: Date: To be retained by the candidate Full Name hereby declare that I have read all the instructions and guidelines as issued by the best of my knowledge, I further assure to abid all the instructions and guidelines as issued by the institute from time to time. Full Signature of the Candidate Full Signature of the Candidate	
[Full Name hereby declare that I have read all the instructions and guidelines as issued by the institute from time to time. Full Signature of the Father/Mother Date: Date: Date: Date: Date: To be retained by the candidate Full Name hereby declare that I have read all the instructions and guidelines as issued by the best of my knowledge, I further assure to abid all the instructions and guidelines as issued by the institute from time to time. Full Signature of the Candidate Full Signature of the Candidate	
[Full Name hereby declare that I have read all the instructions and guidelines as issued by the institute from time to time. Full Signature of the Father/Mother Date: Date: B. List of Enclosures: (i) Marks Sheet of all Academic Qualification (ii) Attested photocopy of Certificate 7 Marks Sheet (iii) Stamp-size recent photograph (iv) Self Addressed two envelopes With the Application Form: Photocopy of the requiste Academic Papper needs to be submitted with the Application Form (They are further required to submit the original Academic Certificate at the of final admission.) FOR OFFICE USE ONLY Application Form No.: Roll No.: To be retained by the candidate	
[Full Name hereby declare that I have read all the instructions and guidelines as issued by the institute from time to time. Full Signature of the Father/Mother	
FOR OFFICE USE ONLY Application Form No.:	long
To be retained by the candidate	
Name of the candidate ;	
Daughter of	
Courses applied for	
Address	