

SL.No.: .....



Session : .....

A.F. No. : .....

# SARAN NURSING INSTITUTE

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

Address :- Sonho, Po.- Bhattha Sonho

Dist.- Saran- 841460

## SCHOLARSHIP FORM



Course :- .....

1. Candidate's Name :

2. Father's Name :

Occupation :

Mobile No. :

3. Mother's Name :

4. Date of Birth :

of the Candidate DD MM Year

### 5. Educational Qualifications

Name of Qualifying Examinations	Examining Body	Year of Passing	% of Marks	Subjects Taken

6. Nationality :

7. Religion :

8. Sex :

9. Marial Status :

10. Blood Group :

11. Height :

12. Weight :

13. Please tick whether you belog to -

(i) SC  (ii) SC  (iii) OBC  (iv) General  (v) DS/PM  (vi) Handicapped

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

