

**SRI SAI CHARITABLE HOSPITAL & INSTITUTE OF MEDICAL SCIENCES
(SRI SAI SCHOOL OF NURSING)**

**Vill. Dadoh, P.O. Upper Behli, Teh. Sunder Nagar, Distt. Mandi (H.P.) 175018
NH-21, Near Petrol Pump, Dhanotu, Sunder Nagar, Distt. Mandi (H.P.) 175018**

Contact : 98050-14067, 01907-277200 E.mail : srisaischoolnursing@gmail.com

Form No.

**APPLICATION FORM FOR 3 YEAR GNM TRAINING COURSE
FOR THE ACADEMIC SESSION.....**

Affix
Attested
recent
photograph

APPLIED FOR: i) Govt.and state quota seat

(Please tick the choice) ii) Management Quota Seats

1. Name of the applicant (In capital letters).....

2. Father's Name

3. Date of Birth(as per matriculation certificate)

(Attested copy to be attached)

4. Age on 31st Decemeber should be compliting of 17 yrs.....

5. State of bonafide /Domicile.....

6. Address for correspondence.....

7. Permanent Address.....

8. Telephone Number for contact.....

9. Percentage of marks in 10+2 examination (Attested copy to be attached)

Total Marks.....Marks Obtained(%age)

10. 10+2 Passed in Group: (1) Medical (2) Non-Medical (3) Arts (4) Commerce.

11. (i) Category (General/SC/ST/OBC).....(Photocopy to be attached)

(ii) Sub-Category (IRDP, Ex-Serviceman/Ward of Ex-Servicemen, Physically handicapped,
Children/Grand Children of Freedom Fighter) (Photocopy to be attached)

12. Draft/IPO No.....

Name of Bank/PO.....Date

13.Marital Status.....

Declaration :

I, the above named applicant do hereby certify that the above information is true to the best of my knowledge and no part of it is false & nothing has been concealed there form. It is further declared that for any kinds of wrong information, my candidature will be liable to be rejected straightway.

Date :

Signature of Applicant

**FORM FOR DEPENDENT CERTIFICATE TO BE THE EX-SERVICEMEN
WHO ARE BONAFIDE RESIDENTS OF HIMACHAL PRADESH.**

It is certified that Kumari.....
D/O Shri.....Resident
of village.....P.O.
Tehsil.....DistrictHimachal Pradesh
is the dependent daughter of Shri.....
Ex-Servicemen No.Rankwho
has not been rehabilitated on account of his being Ex-Servicemen through Employment
Exchange with the Himachal Pradesh Government/Corporation/Autonomous body of
Himachal Pradesh.

It is further certified that no other son/daughter of above named Ex-Servicemen has availed
any of the concessions/facilities extended to the children /wards of Ex-Servicemen by the
Government.

Place :

Date :

Signature of Deputy Director
Sainik Welfare Office, District.....H.P.

With stamp

MEDICAL FITNESS CERTIFICATE

(To be submitted at the time of Counseling Admission)

I certified that I have examined (name of doctor)
Sh. / Kr. / Smt. S/o, D/o, W/o Shri Smt.
Resident of Village P.O.
Tehsil District
State Whose signature is given below.
Based on the counseling/examination. I certify that he/she is good mental and physical health and is free from physical defects which may interfere with his/her studying including the active outdoor required in the training as nursing professional.

Visible Mark of Identification :

Signature of the Candidate :

Place :

Date :

COUNTERSIGNED

CMO/SMO

Name and Signature of the

Medical Officer Seal &

Registration Number

HIMACHAL GOVERNMENT JUDICIAL PAPER

“UNDERTAKING”

I
S/O, D/O Studying in the (MBBS/
BDS/Para medical/nursing/other course in
(name of institution(year
of admission) presently(name of the class) hereby giving
undertaking that I will not indulge in any kind of ragging or indiscipline in the campus/
Hostel/outside/anywhere. If so, strict disciplinary action may be taken against me as
per law.

Name :

Class :

Mobile / Telephone No. :

COUNTERSIGNED

(Parent / Guardian)

AFFIDAVIT

I aged years Daughter of Sh.
..... do hereby solemnly affirm and
declare on oath as under :-

1. That my daughter has been admitted in 3 years GNM Training Course from GNM Training School at Sri Sai Sunder Nagar, Distt. Mandi for the acadmic session years 2017-2020.
2. That I further declare that I shall not marry my daughter during the entire course period.
3. If my daughter placing mobile phones without permission of Institution, then only I am responsible for any consequences & institute can take any action.

Deponent

I, the above named deponent further declare on oath that the contents of this affidavit are true to the best of my knowledge and nothing material has been concealed there from. Verified at on