YAL INSTITUTE OF NURSING

Vill: - Jaito Sarja, Batala, Distt Gurdaspur, Pb. 143505

Tel./fax/-01871-261333, M.: 98155-77896

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ADMISSION APPLICATION FORM FOR ANM (ONLY FOR GIRLS) www.globaleducationindia.com Form No .-

Principal	Director/Principal				er Administrator.	Cashier
	Admitted/Not Admitted	Admitted/			Dated	Roll No Allotted
		Merit No				annual charges & security Vide.
			as	Only as		Received Rs.
			SE ONLY	OFFICE USE	FOR OF	
Guardiar	Signature Parents/ Guardian	Signatu				# 1
					dian	Relationship of Guardian
		ute.	of the institu	gulations o	le by the rules & reg	regularly and will abide by the rules & regulations of the institute.
ll be paid	nd dues wi	her fees ar	ce that his/	r undertak	cealed. I/we further	nothing has been concealed. I/we further undertake that his/her fees and dues will be paid
true and	er/ward is	ny daught	ished by r	ition furn	I/We understand that the information furnished by my daughter/ward is true	I/We understan
		RATION	S DECLA	RDIAN'S	PARENT'S / GUARDIAN'S DECLARATION	
		(,			
-		Applicant's Signature	Applicant			Date
•						
			•		ng information.	responsible for any wrong information.
ute and ar	of the Institu	gulations c	e rules & re	bide by the	ne is true and I will abide by the rules & regulations of the Institute and ar	information given by me
t the abov	declare tha	affirm and	do hereby solemnly affirm and declare that the abov	_ do hereb	***	R/o
		& Smt.			D/o Sh	
			NOI	DECLARATION	DEC	
						2 Any Other
						1 Matriculation
% age of Marks	Marks Obtained	Year of Passing	Name of Institute	Regular/ Private	Name of Board / University	S.No Examination Passed
			SNOL	QUALIFICATIONS	QUA	
ths	Months	Years		Age as on –31-12-11	Age as or	Date of Birth
		Ph. No	P			
				ns	ce/Address of Guardia	Address for correspondence/Address of Guardians
				Ph.No-		
						Permanent Address
GAZETTED OFFICER	OF GAS				and the second s	Mother's Name Mrs.
PHOTOGRAPH ATTESTED BY	PHOT					Father's Name Sh.
PASSPORT SIZE	PAS				[Name
PASTE	P.	caste	General /Scheduled caste	eneral/S	Category: - C	
		TERS	CAPITALI, ET	CIRALLYIN	(FILL THE FORM LEGIRALLY IN CAPITAL LETTERS.)	