## **Application Form for Admission to General Nursing and Midwifery Diploma Course (3 years)** RAMAKRISHNA MISSION SEVASHRAMA SCHOOL OF NURSING

Swami Vivekanada Marg, Vrindavan - 281121, Mathura Dt., Uttar Pradesh

rm No.	AL INFORMATI	-	
Full name of the candidate			
(a) Father's Name	Occupation	Мс	ob
(b) Mother's Name	Occupation	Мс	ob
(c) Guardian's Name	Occupation	Мс	ob
Name of the guardian or name of the person to l	be contacted in case of en	nergency	
	Phone No		
Date of birth of the candidate (Attach proof)	Heig	ht	Weight
Religion	Community - General / SC / ST / OBC		
Mother tongue	Single / Married		
No. of Brothers	No. of Sisters		
Other languages known: Speaking			
Reading and writing			
Monthly income of the family (Rs.)			
. E-mail ID			
. Full Postal Address			
		PIN .	
Phone No. with STD code	1 doM	No	
. Total Marks (in %) in 12th			
. Subjects taken in 12th			
. Any other qualification / experience			
. Whether any of your relatives studied in Ramakr	ishna Mission School of N	lursing, Vrinc	davan :

If yes, let us know the year of Study and the name of relative(s) ......

printed in the Prospectus.	
Date:	Signature of the Candidate
Ifather/mother/guard	dian of Ms
do hereby agree to her joining the three years GNM cours	se at Ramakrishna Mission Sevashrama School of
Nursing, Vrindavan . I have read and / or understood the	prospectus and agree to abide by the rules and
regualtions. I do hereby confirm that I shall appear pers	sonally before the Ashrama authorities within
2 days as and when called for.	
Date:	Signature of the Parents/Guardian
Date	Signature of the Parents/Guardian

I, do hereby, declare that I have read the prospectus, and if selected, shall abide by all the rules and regulations

**Note:** Failure to furnish complete information regarding any of the above points can cause rejection of this application.