

SB SCHOOL OF NURSING
(ADDRESS.....)

Application Form for Admission to GNM Course

Candidates Photo

Father's Photo

Mother's Photo

Applicant's Full Name (in Block letters) _____

Date of Birth (as in Class Admit Card) ____/____/____ (_D_/_M_/_Y_)

Age (as on 31.12.2020) ____ years ____ months ____ days

Religion _____ Category _____ Nationality _____

Marital Status _____ Contact Number _____

Father's Full Name (in Block letters) _____

Mother's Full Name (in Block letters) _____

Father's Contact Number _____ Mother's Contact Number _____

Present Address _____

Vill/ City _____ PO _____

PS _____ Dist _____ Pin _____

Permanent Address _____

Vill/ City _____ PO _____

PS _____ Dist _____ Pin _____

Name of Local Guardian _____

Relation _____ Contact Number _____

Address _____

Details of Class X (Secondary)

Name of School	Name of Board	Roll No.	Registration No.	Year of Passing	Subjects	Marks Obtained	Percentage

Details of Class XII (Higher Secondary)

Name of School	Name of Board	Roll No.	Registration No.	Year of Passing	Subjects	Marks Obtained	Percentage

Signature of Student

Signature of Father/Mother