# SUMITRA INSTITUTE OF NURSING AND PARAMEDICAL SCIENCES

Run by "Lord Buddha Healthcare Foundation"
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## APPLICATION FORM FOR GNM / ANM / PARAMEDICAL COURSE

Course ..... Session .....

1. Name (in block letters) : Mr./ Ms. : .....

2. Date of Birth (in Figure) : .....

(In words) : .....

Nationality : ..... Marital Status .....

Father's Name : .....

Mother's Name : .....

Guardian's Name : .....

(If Fathers is not the guardian)

7. Relationship with guardian : .....

8. Occupation of father/ guardian : .....

9. Telephone No. with S.T.D. Code Residence .....

Mobile ..... E-mail : .....

Please pate (do not staple) a Passport size photograph in this space and get it attested by the principal of the school/ college last attended or where enrolled at present

10. Address for Correspondence : .....

.....

11. Permanent Address : .....

..... PIN .....

Place to which you belong to (City/ Sate) ..... / .....

**Academic Performance** (General Educational Qualification)

| Exam Passed | Year of Passing | Subjects | Board/ University | Marks Obtained | Division | Percentage |
|---|---|---|---|---|---|---|
| Matric/ 10th | | | | | | |
| 10+2/ Inter/ Pre-university | | | | | | |
| GNM | | | | | | |
| Any Other Qualification | | | | | | |
| Work Experience - | | | | | | |
| Clinical Speciality - | | | | | | |