



Sri Raj Nursing Training Institute

Recognised by Govt. of Bihar, Department of Health)

Affiliated By - B.N.R.C., Patna

Mithapur Bus Stand Road, Jakkampur Thana- Patna-01

APPLICATION FORM FOR ADMISSION OF

(Applicant must fill-up this form in his/her own handwriting)

1. Name :
(In block letters)

2. FATHER'S NAME :
(In block letters)

2 (I) Aadhar No.



3. DATE OF BIRTH :

4. SEX : Male Female 5. CATEGORY

6. MARITAL STATUS : Married Unmarried

7. NATIONALITY : 8. Caste

9. PERMANENT ADDRESS:
.....
.....

10. CORRESPONDENCE ADDRESS:
.....
.....

Contact No. : Contact No. :

11. IDENTIFICATION MARKS : (1)
(2)

12. DETAILS OF PASSED EXAMINATIONS

EDUCATIONAL QUALIFICATION	YEAR OF PASSING	DIVISION OR CLASS	% OF MARKS OBTAINED

DECLARATION

I here by declare that the Application form has been filled in my own handwriting and that informations furnished there are correct. I shall abide by the rules and regulations of the institution and will obey the orders given by the authorities with regard to my conduct discipline and studies All the required certificates are enclosed here with.

PLACE _____
DATE : _____ *Signature of the Candidate*

DECLARATION OF THE FATHER/GUARDIAN

I here by declare that I hold myself responsible for the timely payment of the dues, Fines and other charges payable to the institute in respect of my ward and for his good conduct.

PLACE _____
DATE _____ *Signature of the Father/Guardian*