



# Sri Raj Nursing Training Institute & Para Medical Institute

(recognised by Govt. of Bihar, Department of Health)

Head Office : Bus Stand Road, Near Jakkanur Police Station, Patna-800 001

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 :        
Date Month Year

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*

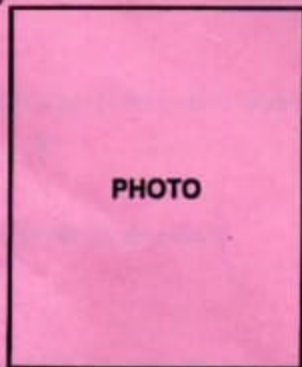
### DECLARATION OF THE FATHER/GUARDIAN

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*



PHOTO