

## **FLORENCE COLLEGE OF NURSING**

(A Unit of : Haji Abdur Razzaque Educational Society) Irba, Ranchi - 835219 (Jharkhand)

Recognised by : Indian Nursing Council (INC), New Delhi

Affiliated to: Ranchi University (R.U.) Jharkhand Nurses' Registration Council, Ranchi



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|                          | APPLICATION FORM (To be filled by the Candidate) |                        |
|--------------------------|--|------------------------|
| SL. No.                  | Academic Session :                               | Photo                  |
| (Write In Block Letters) | ow   |                        |
| COURSE: A.N.M.           | G.N.M. Basic B.Sc. P.B.B.Sc.                     | M.Sc.                  |
| 1. APPLICANT'S NAME      |  |                        |
| 2. FATHER'S NAME         |  |                        |
| 3. MOTHER'S NAME         |  |                        |
| 4. GENDER MA             | LE FEMALE Transgender                            |                        |
| 5. DATE OF BIRTH         |  |                        |
| 6. CATEGORY S            | T SC BC-I BC-II GEN                              | PH                     |
|                          | Mobile No.                                       |                        |
| 7. NATIONALITY           |  |                        |
| 8. PRESENT ADDRESS       |  |                        |
|                          |  |                        |
|                          | . :Dist.:  |                        |
| Pir                      | CodeEmail ID :                                   |                        |
| 9. PERMANENT ADDRESS     |  |                        |
| P.s                      | . :Dist.:  |                        |
| Pin                      | CodeEmail ID :                                   |                        |
| 10. OCCUPATION OF FATHER | / GUARDIAN                                       |                        |
|                          | Mobile No.                                       |                        |
| 11. OCCUPATION OF MOTHER |  |                        |
|                          | Mobile No.                                       | ШП                     |
| <b>K</b>                 | APPLICATION FORM                                 | >                      |
| COURSE :                 | Academic Session:                                |                        |
| Name of Student :        |  |                        |
| Guardian Name :          |  | edicionistativas conse |

| SL   | Name of<br>Exam Passed   | College / School<br>Name   | Board / University   | Year of<br>Passing                        | Stream                              | Marks<br>Obteined            | % Score i exam              |  |  |  |
|--|--|--|--|---|-------------------------------------|------------------------------|-----------------------------|--|--|--|
| 1.   | 10 <sup>th</sup>   |  |  |   |                                     |                              |                             |  |  |  |
| 2.   | 12h  |  |  |   |                                     |                              |                             |  |  |  |
|  |  |  | DECLARATION  |   |                                     |                              |                             |  |  |  |
| 1.   | I declare that the n   | particulars filled in all page:  | THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.                                       |   | ny knowledge.                       |                              |                             |  |  |  |
| 2.   | l undertake to abid<br>the Principal of the  | de by all the rules and regu   | ulation of the college and   | shall obey th                             | e instructions i                    |                              |                             |  |  |  |
| 4.   | university Examin<br>I undertake that I s<br>valid reasons, I s  | nation.<br>shall regularly attend the th<br>shall be liable to be struc  | neory/Practical classes. I<br>k off from the rolls of c  | f am found ab<br>college and al           | sent continuous                     | sly for 15 days v            | vithout any                 |  |  |  |
|  |  | all have no claim to sit for t   |  |   |                                     |                              |                             |  |  |  |
| 5  |  |  |  |   |                                     |                              |                             |  |  |  |
| 6  | I as sure the college Authorities that I have read the above instructions and have become conscious of the norms of good behavior in the college during my stay and in case of any breach of these rules on my part, I shall be liable for any disciplinary action under rules of the college.   |  |  |   |                                     |                              |                             |  |  |  |
|  |  |  |  |   |                                     |                              |                             |  |  |  |
|  | Signature of the   | parent / guardian  |  | -   | Signature                           | of applicant                 |                             |  |  |  |
| ERI  |  | parent / guardian  | & I. SC.) Appli  | cable Pos                                 |                                     | of applicant                 |                             |  |  |  |
| ERI  |  | TTACHED ( FOR 10™  | Vhbii  |   | t Basic B.Sc                        |                              | lursing                     |  |  |  |
| 1  | Provisional Certificate Character Certificate  | TTACHED ( FOR 10™<br>e (Original)<br>e (Two Photocopies Self   | 1. All do  | ocuments o                                | t Basic B.So                        | c. & M.Sc. N<br>Sc./P.B.B.S. | lursing                     |  |  |  |
|  | Provisional Certificate Character Certificate III) Secondary So IV) Marks Certificate  | TTACHED ( FOR 10™<br>e (Original)  | 1. All do Attested) ertificate 2. Regis  | ocuments o<br>stration No.                | of G.N.M./B.                        | c. & M.Sc. N                 | lursing                     |  |  |  |
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Verifying Committee member

Date

Signature