

FLORENCE COLLEGE OF NURSING

Irba, Ranchi - 835219 (Jharkhand)

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

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



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APPLICATION FORM

(To be filled by the Candidate)

Academic Session : _____

(Write in Block Letters)

COURSE : A.N.M. G.N.M. Basic B.Sc. P.B.B.Sc. M.Sc.

1. APPLICANT'S NAME

2. PRESENT ADDRESS

PIN Mobile No.

3. PERMANENT ADDRESS

PIN Mobile No.

4. DATE OF BIRTH

5. GENDER

MALE FEMALE

6. CATEGORY

ST SC BC-I BC-II GEN PH

7. MARITAL STATUS

a) Married b) Unmarried

8. NATIONALITY

9. FATHER'S NAME

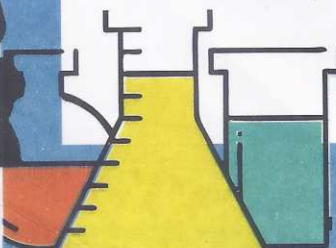
Mobile No.

OCCUPATION

10. MOTHER'S NAME

Mobile No.

OCCUPATION



12. ACADEMIC QUALIFICATION

SL.	Name of Exam Passed	Institution of Study	Board / University	Year of Passing	Subjects	Total marks out of	% Score in your exam

13. ENCLOSE THE FOLLOWING

i) Attested Copies :

- 10th Mark Sheet & Pass Certificate
- 12th Mark Sheet & Pass Certificate
- School Leaving / Transfer Certificate
- Birth Certificate

ii) Medical Fitness Certificate

iii) 10 passport size photograph

iv) Cast Certificate (In case ST/SC/OBC candidates)

v) Migration Certificate

vi) Three self addressed stamped envelope.

vii) Photo copy of Aadhar Card

Applicable Post Basic B.Sc. & M.Sc. Nursing

1. All documents of G.N.M. / B.Sc. / P.B.B.S. :

2. Registration No.:

3. Work Experience :

From to

Name of the organization :

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Place :

5. Research topic in Undergraduate Programme :

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DECLARATION BY PARENT / GUARDIAN

I hereby declare that the applicant, Miss / Mrs. / Mr. is my daughter / son / ward & that she will abide by the rules & regulations of this institution. I understand that in the event of her violating any one or more of these rules. She will be terminated.

I do undertake the full responsibility to make all financial arrangement in remitting her bills at admission & by the 10th of every month thereafter. Failure to do so you discounting my daughter / ward from the classes & cafeteria.

Signature of the parent / guardian

Date :

Signature of applicant

Date :

