

Constant Lievens School of Nursing

Mandar, Ranchi

APPLICATION FORM

[to be filled by candidate]

ACADEMIC	SESSION:
[Write in Block Lo	etters]
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



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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
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- 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

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3. Work Experience:

Z. Registration in the manner of the contract	2.	Registr	ation 1).:	
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From	to	
Name of the o	ganization:	

5.	Research	topic in	Undergr	aduate	Progr	amme :
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DECLARATION BY PARENT / GUARDIAN

I
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.

