State Institute of Nursing & Para-medical Sciences, Badal (Muktsar) APPLICATION FORM for admission to ANM / GNM / DMLT / Dip. in Radiography courses Session 2014-15

	Name	e or c	ourse app	nea 10r <u>:</u>		(AI	<u>IM/</u> GNN	/1/DNIL 1/	Dip. in Ka	diography)
1.	Name	(In t	olock letter	rs):						
		ather's Name (In block letters):Occupation ffice address (if any)								Affix latest passport size attested
		Mother's Name (In block letters): Office address (if any)					_		photograph	
4.	Date	of Bi	rth:	Age (as on 31.12.2	014)	Yea	ars	_Months	Days	
5.	Annual Family Income (from all sources): 6. Marital Status:									
7.	Do yo	ou bel	long to a re	eserve category Yes/No. If	yes, sp	pecify the	e catego	ry		
8.	Address for correspondence (In block letters): Permanent Address (In block letters):						lock letters):		
		District Mobile				District Mobile				
9.	Acad	emic		on (starting from Matricula	ation o	nwards)	:			
		xam Year of passing		Name of School / College	Univ Boar	rersity / rd	Total marks	Marks secured	% age of marks secured	Stream (Medical/Non- Medical/Arts/ any other
	Mat	ric								
	10 +	-2								
10. Details of demand draft : Demand draft nodated :Amount Name of Bank (pl. tick)										
S.N		Document				ecked by (marks (for o	ffice use)
1		Date of birth certificate / Matric certificate								
2		10+1 DMC								
3		DMC of qualifying examination i.e 10+2 certificate								
4 5		Character Certificate from the last institute attended Domicile/Residence Certificate								
6		Certificate if applying under any reserve category								
7		Demand Draft (in original)								
8		3 Recent unattested passport size photograph								
9			dressed enve							

<u>Last Date for receipt of Admission Application form - 01.08.2014</u>