



APPLICATION FOR THE POST REGISTERED INTERNEE NURSE

Advt No. NIMH/PER(3)/PRIN/Advt-1/2017-18 dated 25.10.2017

Affix latest
passport size
photograph
duly signed
by the
candidates

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|---|--|
| Name of the Candidate (In block letter) | |
| Father/Husband Name | |
| Mother Name | |
| Address for correspondence (Contact Telephone/Mobile/Fax/E-Mail ID/ number with STD code) | |
| Permanent Residential Address | |
| Date of Birth & Age (As on last date of submission Of application) | |
| Sex (Male/Female) | |
| Marital status | |
| Nationality & Religion | |
| Whether belongs to UR/SC/ ST/OBC/PWD | |
| Name of the Registration Council and B.Sc. Nursing Registration No and date | |

Contd.....

Educational Details :

| Sl.No | Name of the School/College/University | Qualification | Month and Year of Passing | Class/ Division | Subject studied |
|--|---------------------------------------|---------------|---------------------------|-----------------|-----------------|
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| Have you been in abroad, if so give full particulars: a)Country/countries visited b)Period of Stay c)Date of return to India d)Purpose of visit | | | | | |
| Any other relevant information | | | | | |
| List of Enclosures | | | | | |
| i) I am hereby declare that, all the above particulars furnished by me is true to the best of my knowledge & belief. ii) I am aware that, my application is liable to be rejected if the particulars given are incomplete or found to be incorrect. | | | | | |
| Signature of the Candidate | | | | | |
| Date: | | | | | |
| Place: | | | | | |