



INTERNATIONAL HOSPITAL

SCHOOL OF NURSING

Approved by INC & ANC

Dr. R. P. Road, Upasana Palace, Guwahati-781 006

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PHOTO
45 x 35 mm
White
background

APPLICATION FOR THE ADMISSION TO DIPLOMA IN GENERAL NURSING & MIDWIFERY (GNM) COURSE

Completed application forms are to be submitted latest by ____/____/201__ to the Principal,
International Hospital School of Nursing, Guwahati.

A. Personal Details :

A-1. Name : _____

A-2. Age on 1st January' _____ Years. A-3. Date of Birth : ____/____/____
DD MM YY

A-4. Present Address: _____
_____ Pin : _____

Phone : _____ Fax : _____

Mobile : _____ E-mail : _____

A-5. Permanent Address : _____
_____ Pin : _____

Phone : _____ Fax : _____

Mobile : _____ E-mail : _____

B. Family Details:

B-1. Father's Name : _____

Occupation : _____

B-2. Mother's Name : _____

Occupation : _____

B-3. Annual Income (Both Parents) in Rs. _____

B-4. Local Guardian Name : _____

Address : _____

Ph. No. : _____

C. Academic Performance :

Exam Passed	Board/ University	Subject Taken	Year of Passing	Marks Obtained	Marks (Percent)
HSLC/CBSE/ICSE (Class X)					
Class XII					
Any other qualification					

D. Co-Curricular Activities/ Hobbies : _____

E. Computer Literary : Yes/ No.

DECLARATION

I D/o do hereby solemnly affirm and declare that:

- Information in this form is correct to the best of my knowledge and belief and nothing has been concealed by me.
- I shall abide by the orders, rules and regulations of this School as stated in the prospectus. Ignorance of the same shall not be taken as an excuse by me.
- I shall not violate the rules of the School by taking part in any kind of strikes or any other activities harmful to the Administration / School. If I do so, my name may be struck off from the School and I shall not claim for any return of fees paid. I shall not indulge in any form of ragging of fellow students of the school.
- I admit that any charges / fees paid to the School, will neither be refundable nor transferable, whatsoever may be the reason.
- In case, I voluntarily leave the School before the completion of the course, I shall be liable for payment of full course fees and any other dues before 'no dues certificates' is issued by the School.
- I shall pay the fees and all other dues on time as mentioned in the prospectus / notified from time to time.
- I will attend classes regularly and participate in School activities and self development programmes.

I have gone through the Prospectus & hereby promise to abide by all rules and regulations now inforce and those to be made from time to time. I know that the fee paid by me is not refundable, transferable or adjustable to other parts or subjects. I request you to admit me as one of the student of IH School of Nursing.

Signature of Applicant

Date

This is to certify that I father / mother/ guardian of Mr./ Miss shall be responsible for regular payment of fees or any other dues during his/ her studies in this School.

Date

Signature of the Father/ Mother/ Guardian