



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

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
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:					