



St. Francis College of Nursing, Indore (M.P.)



APPLICATION FORM

Health Assistant Certification Program

AffixSelf

Attested

Photo

Form No.: _____

Full Name (in **BLOCK** Letters) _____

Father's/Husband's Name & Occupation _____

Mother's Name and Occupation _____

Category (ST/SC/OBC/Minority) & Caste: _____

Full Permanent Address _____

Present Address: _____

City _____ State _____ Contact No. _____

E-mail ID _____ Family Annual Income _____

Date of Birth and Place _____

Give Below particulars of all academic and other examinations passed and Degree/Diploma

Examination	Year of Passing	School/College	University/Board	Max.Mks./Mks.Obt.	Academic/Dist. Scholarship	Awards
10 th (High School)						
12 th (Higher Sec.)						

To be filled up from 10th / 12th or (10+2) marksheet

S. No.	Subject	Max. Marks	Marks Obtained	Total%
1.				
2.				
3.				
4.				
5.				
	Total			

Give the Name, Profession and present address (in full) of responsible person known to you to whom reference could be made

Declaration to be signed by candidate and parents/guardian

I read all the rules and regulation. I hereby declare that the entries in this form are true to the best of my knowledge and belief.' If I get selected I will obey all the college and hostel rules and regulations.



Signature of Applicant



Name & Signature of Father/Guardian

Note:

If someone willfully suppresses any information, he/she will incur the risk of losing selection and if selected, will lose all claims to remain selected for the training.

Enclosures:

Please attach attested copies of the certificates and testimonials.

(A) High School & Higher Secondary Marksheets (B) 3 Photographs passport size (C) Candidate Aadhar card (D) Parent's Aadhar Card (E) Income Certificate (F) Medical Fitness Certificate by CMO (G) Transfer Certificate (TC) (H) Conduct Certificate from the school

Fill and send to the below address

St. Francis College of Nursing

St. Francis Hospital & Research Centre

Near Lakhani Chouraha, Ralamandal–Bypass Road, Ward No75, INDORE-20 (M.P.) INDIA

Contact: 9893175295, 9425056975, 9893510257 email: stfranciscollegeofnursing@gmail.com

Website: <http://www.stfrancisenursingcollege.in>
