

**COLLEGE OF NURSING  
C.M.T.C.  
DAMOH, M.P.**

**APPLICATION FORM**

**(To be filled by the candidate)**

Name of course applied for : .....

Session : .....

Affix  
recent  
photograph of  
Candidate

1. Name of applicant :- .....
2. Father or Guardian's Name :- .....
3. Date of Birth :- ..... Age ..... Gender .....
4. Married / Unmarried :- ..... ST / SC / OBC / G ..... Religion .....
5. Educational Qualification with Percentage :- .....  
( in Physics, Chemistry, Biology, English for B.Sc. Nsg.) (Total % for GNM)
6. Permanent Address :- .....  
.....
7. Present Address :- .....  
.....
8. Phone No. : ..... Mob. No. : ..... E-mail : .....
9. Aadhar No. .... Samagra ID .....
- Blood Group .....

I hereby declare that the above application has been filled by me and the information is correct. If the information is incorrect I am liable to be dismissed from the course.

I agree to abide by the rules set by the College of Nursing, CMTC, Damoh, M.P.

I agree to accept the conditions of residence and duties imposed by the Management Committee.

Place : .....

Candidate's Signature : .....

Date : .....

Parent's/Guardian's Signature : .....