



Vinayak Nursing & Paramedical School

18-25, Park Residency, Kalwar Road, Hathoj, Jaipur

APPROVED BY : STATE GOVT. INC NEW DELHI AND RNC JAIPUR

APPLICATION FORM

Course : **G.N.M.**

Session **20 -20**

Form No.

1. Full Name

2. Father's/Husband's Name

3. Date of Birth

Date.....Month.....Year.....

4. Age on Admission

Date.....Month.....Year.....

5. Permanent Address

Phone No. Mobile

6. Category and name of cast

S. No.	Exam. Passed	Name of Board/University	Subject	Marks Awarded	% of Aggregate

7. Name of address of School/College from where

last exam passed before joining this College

DECLARATION

I hereby declare that the information given above is correct. I have thoroughly read the admission rules and regulations supplied by **Vinayak Nursing & Paramedical School** and I shall abide by these rules.

Place

Date

Signature of Principal

Signature of Guardian

Signature of Student