10.	a) Nationality :																
	b) Religion : (Tick) Hindu Musli				im Christian							Others					
	c) Community : (Tick) Open OBC			овс	SC ST						Caste :						
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11.	Details of Education (Qualificatio	ns (From	Xth St	andard	onwar	ds)										
S. N	lo. Name of t Qualifying E	Month & of Pass	Year ing	Name of the School/College						Total Marks Marks Obtained C				% ained			
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12. Employment Details a) Employed (Tick) b) Name of the Company / Institution with Address																	
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13. a) Whether Physically Handicapped : Yes No b) Certificate No.																	
14.	Hospital Certificates																
15. Participation in State / National Level Co-curricular activities																	
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16.	50	33	Yes	\Box		No [
17.1	Do you want Bus facilit	y:	yes	\Box		No [
					Decla	aratio	<u>n</u>										
in th	I, hereby declare that I is application are true to ve is false then my candi	o the best o	f my know	ledge a	nd belie	y adve	rtised (aware	for ad that if	missio at an	on to y tim	GNM e, it is	Cours found	e. All d that	the infor any infor	mati mati	on ma	ade ven
Date	:																
Place	e :												Signa	iture of A	Appli	cant	

KULPRAKASH MEMORIAL NURSING SCHOOL

Approved by : Jharkhand Govt. (Health Deptt.)
Affiliated to : JNRC, Ranchi, Jharkhand
Recognised by : INC, New Delhi

Namkum (Mahilong Chowk Tatisilway Road) Ranchi, Jharkhand

REGISTRATION FORM Affix your recent Passport size Photograph Application No.: Session: duly signed by the candidate (For Office Use Only) Roll No. **Enrollment No.** Do not Pin or Staple Course for which admission sought Name: Father's Name: Mother's Name: Sex: Male Female 5. Date of Birth & Age : Date Month Year Age Blood Group: 7. Marital Status Married Unmarried Address for Correspondence (do not repeat name) City State Pin Code: STD Code Phone Mobile: E-mail Permanent Address (do not repeat name)