



**COLLEGE OF NURSING
CHRISTIAN MEDICAL COLLEGE, LUDHIANA.**



**Affix
Passport Size
Photo**

**APPLICATION FORM FOR
DIPLOMA IN GENERAL NURSING
& MIDWIFERY
2024**

No.

(To be filled in block letters)

- 1. Name of the candidate : _____ Sex : Male/Female _____
(as in Board/Univ. record)
- 2. Father's Name : _____
- 3. Mother's Name : _____
- 4. Date of Birth : _____
- 5. Correspondence Address: _____

- 6. Permanent Address : _____

- 7. Phone No. (including STD Code) _____ Mobile _____
- 8. Rural/Urban : _____ 9. Marital Status : _____
- 10. State of Domicile: _____ 11. Nationality : _____
- 12. Religion : _____
- 13. Schedule Caste/Tribe/Backward Class : _____
- 14. Family Income (Annual) _____
- 15. Please quote the category number as given in the prospectus Page No. 6 :

ACADEMIC QUALIFICATION

- 1. MATRICULATION/10th CLASS OR EQUIVALENT EXAMINATION
Name of Examination.....
Name of University/Board/Body.....
Date of Passing.....Division.....Roll No.
- 2. 12th CLASS OR EQUIVALENT EXAMINATION
Name of examination..... Roll No.
Name & Full Address of University/Board/Body.....
Name & Full Address of College/School.....

<u>SUBJECTS</u>	<u>MAX. MARKS</u>	<u>MARKS OBTAINED</u>	<u>PERCENTAGE GAINED</u>
.....
.....
.....
.....
.....
TOTAL

P.T.O.

Christian Applicants

- (i) Baptism certificate issued by : _____
- (ii) Confirmation certificate issued by : _____
- (iii) Church Membership (as per sample see Page 31) _____

Schedule Caste / Tribe Candidate

- (i) Name of the Caste : _____
- (ii) Certificate issued by : _____

Backward Class Certificate

- (1) Certificate issued by : _____

Details of Application Fee (Rs.1600/-) (One thousand six hundred only) Bank draft for Rs.1600/- payable to 'Christian Medical College Ludhiana Society'.

Name of Issuing bank	Bank Draft No.	Dated	Amount Rs.

I declare that I have passed 10+2 from _____
Board/University/Council recognized by Baba Farid University of Health Sciences, Faridkot and
that I have never been disqualified by any Board/University/Council/Body.

Date _____ Signature of Candidate _____

A complete application form includes the following and must reach to the Registrar,
Christian Medical College, Ludhiana - 141 008 (Punjab) on or before: **5:00 PM 03-06-024.**

1. Application form duly filled in.
2. Two copies of a recent photographs
(Write your name behind each photograph)
3. Application fee of Rs. 1600/- in the form of a bank draft made payable to
'Christian Medical College Ludhiana Society'.

This application fee is not refundable.

Photocopies of the following: -

- (a) Matriculation / 10th class or equivalent certificate showing Date of Birth.
- (b) 12th Class Certificate or equivalent.
- (c) Domicile Certificate.
- (d) Scheduled Caste / Tribe / Backward Class Certificate (if applicable)
- (e) (for Christian application only). Baptism Certificate, Confirmation Certificate (if applicable) and letter from the Pastor about Church Membership

OFFICE USE ONLY:

- (1) Receipt No. of application fee Date.....
- (2) Application Number
- (3) Application : Complete or incomplete
- (4) Admission Written Test : Passed / Failed
- (5) Result : Admitted / Not Admitted
- (6) If admitted.....Date of Admission.....