								(For		Di:	strict)
То					Enrol	ment No					
The Principal Nu	er Tutor,	Enrolment No (To be filled in by the Training School Concerned)									
District Selection Committee					•	·				e self	
Nursing Training School attached to										assport	
P.O Hospital								size	Phot	ograph	
Madam,											
	be admitted to the	Gener	al Nursing	& Midwife	rv Trair	ning Course for	ensuin	g Session Sept	embe	er. 2013 to)
	In this connection									•	
1. Name (In block letters)											
2. Father's Name											
3. Guardian's Name4. Present Address (With Pin Code)											
4. Present Addre 5. Permanent Ad	: 1 ·										
Phone No.)	aress (with rim of	suc une									
6. Date of Birth											
7. Age (As on 01.01.2013) 8. Religion											
9. Qualification			:								
	. Examination (10	+2) or	:								
Equivalent Exam Name &	Name of the	ame of the Roll No.			Year of Passing		Total Marks		\neg	Percentage of	
Address of	Board/ Council	(mentioned		rear or r	assing	(Aggregate)		Total Marks obtained in	marks in		,001
the School	,	in Adı		-		(Excepting		compulsory		compulsory	
		Card)				Environmental Studies)		subjects		subjects	
a	b		С	d		e		f		g	
11. Whether belong to SC/ST Category Yes / No [please ($\sqrt{\ }$) on whichever is applicable]											
11. Whether beit	ong to SC/ST Cates	gory		(If ves		ed statement ar					ment)
	nmate of the Desti										
Orphanage recog Bengal.	st	Yes / No [please ($$) on whichever is applicable] (If yes detailed statement)							mantl		
			Period of	inmate-	Specif	fic statement	Name			tement if	mentj
of Home &		the order for her		ship		of her if		father/mother/		already applied	
Registration No.	inclusion	inclusion				transferred from one home to other		local guardian and address before her		for this purpose under Orphanage	
					during last 5 years		inmate-ship		quota		
a	b	b		С		d		e		f	
	iling Civil Defence				Yes /	No [please (√) on wh				
Volunteers Train Name & Address		d of	Sl. No. of		Mara	, Q ₋	TATIL OF			iled partic	
of the Training		Year & period of Training		certificate to the		Name & Designation of the		Whether already engaged anywhere		Whether applied other than under	
Centre				effect of Training		Officer issued		by virtue of		Civil Defence	
					certif	icate	Training, If so details			quota anywhere else for this	
								uetaiis		session	
а	b	b		С		d	е		500	f	
14. Marital Status Unmarried/ Widow/Divorcee or legally separated.											
	s 1 are not applicabl	e)		illiai i icu/	vvidov	v/Divorcee or	icgaily s	separateu.			
•			•	C		=	-	, , ,		11. 6 -	, .
-	are that above me d speak in Bengali		-	s furnishe	d by me	are true the b	est of m	ıy knowledge a	ınd b	elief. I am	able
wille dil	a speak iii beligdii	, mepa	11.					Yours	faith	nfully,	
Date:											
Place:								Signature o	of the	Applicant	 t
								Jigiiatai C		PPIICUII	-