

**FORMAT FOR APPLICATION FOR POST BASIC DIPLOMA COURSE IN PSYCHIATRY
NURSING TRAINING PROGRAMME, 2014**

(Incomplete application will not be entertained)

1. Full Name (In Block Letters) _____
2. Designation with Grade _____
3. Father's/Husband's Name _____
4. Address _____

5. Date of Birth (Attested photocopy of document to be enclosed) _____
6. Age as on 01.01.2014 _____
7. Religion _____
8. Present place of Posting _____
9. Marital Status _____
10. Caste: SC/ST/OBC (Attach attested photocopy of certificate) _____
11. Qualification(Attested photocopy of documents to be enclosed)
 - a). Educational: _____
 - b) Professional Qualification (with year of passing & month)

12. Registration No. of W. Bengal State Nursing Council & Year _____
13. Date of Appointment in Govt. Service as Gr.II _____
14. Date of confirmation in the Govt. Service(if done) _____
15. Whether any unauthorized leave/Deptt. proceeding/Court case lying pending (A Certificate is to be furnished by the authority concerned)

Signature of the applicant

Date:

Phone No.

Certificate of the local authority: Information and particulars furnished above are verified from
Her Service Book & found correct.

Signature of the local authority

Date & seal