

MERCY SCHOOL OF NURSING

P.O BARIDIH, EAST SINGHBHUM DT., JAMSHEDPUR- 831017, JHARKHAND

APPLICATION FORM FOR GENERAL NURSING AND MIDWIFERY COURSE (3 Yrs. Course)

(Not to be sold or photo copied)

Note. To be filled in applicant's own handwriting. (In English)

A self-attested recent
passport Size Photo of
applicant to be affixed
here.

1. Name in Full
(In Block Letters)
2. Date of the Birth (as in school records).....
3. Age..... 4. Sex.....
5. HeightCm. 6. WeightKg
7. State..... 8. Nationality
9. Religion 10. Caste
11. Category (ST, SC, OBC, GEN, MINORITY).....
12. Email ID
13. Aadhar Number.....
14. Father's Name
15. Father's Email ID
16. Mother's Name
17. Permanent Address
-
18. Telephone No. (1) Home (2) Personal
19. Name of the Guardian
20. Address of the Guardian.....
-
21. Relationship with Guardian Phone No.....
22. Occupation of the Father/ Guardian Income/Year
23. **For Religious Sisters only:-**
 - (i) Religious Name
 - (ii) Name of the Congregation.....
 - (iii) Provincial's Name & Address, Phone No.....
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24. Details of educational qualification:

Sl. No.	Particulars	Matric/Secondary	Inter/Higher Secondary	Any other Qualification
1.	Name of the Institution and address Where you studied			
2.	Name of the Board /University			
3.	Medium of Instruction			
4.	Number of attempt			
5.	Year of Passing			
6.	Registration Number & Roll Number			
7.	Total marks and percentage			
8.	Subjects you studied			
9.	Extracurricular activities participated			

25. Do you know English:-
 To read.....To write.....To follow lecture.....
26. What were you doing the last 2 years?
27. Name, Address and phone number of two persons not related to you but know you at least for the last 2 years.
 (1) (2)
28. State in your words why you wish to take up Nursing?
29. Have you enclosed all the documents as mentioned in the prospectus? (D - Mode of Application)

DECLARATION BY THE APPLICANT

I , (Name)hereby declare that I have carefully studied the prospectus and rules and regulations of Mercy School of Nursing, that I have no disqualifying physical or mental disabilities and that the statements made by me in this application and the documents forwarded with it, are true to the best of my knowledge and belief. Further I promise to abide by the Rules and Regulations of the Institution. I shall not claim for my certificate until I have paid all my dues and fulfilled all the requirements of the School of Nursing. If I discontinue the course or seek transfer to another school on my own, I shall pay the first year whole fees and an additional fees as mentioned in the prospectus. (Payment Schedule)

Date

Signature of the applicant

DECLARATION BY THE GUARDIAN

We declare that the statements given on the application form are true.
 We accept the rules and regulations of the Mercy School of Nursing according to the prospectus and policy of Mercy Hospital, Baridih and that the School of Nursing authorities have the right to discipline, transfer, or dismiss a student for inefficiency, misconduct, or behavior which is detrimental to the work of Minority Christian Institution .We are willing to accept any addition, amendments and alteration which may be made from time to time to the above terms and conditions.

Signature of the applicant

Signature of the Father/Mother/Guardian

Date.....

Date.....

N.B: Along with the application, kindly fill the Hall Ticket too and submit back.

Incomplete application will not be entertained.