

APPLICATION FORM

FOR THE POST OF STAFF NURSE

Whatsapp No..... of a mobile handset with video calling and 4G facility

To be filled up by the candidates in capital letters.

1. Name :
2. Father's Name :
3. Date of Birth :Age as on 01.06.2021.....
4. Address :
5. Category :
6. Educational qualification :

Examination Passed	Name of Board/University	Year of passing	Total marks	Marks obtained	Percentage
Class – X					
Class -XII					
A-Grade Nurse					
B.Sc. Nursing					
Others					

7. Experience if any:

Sl. No.	Name of Hospital / Institute	ICU / General Ward	Period from	Period to	Total No. of years & Month
1.					
2.					
3.					

8. Registration No. A- Grade Nurse(Sr. Certificate)/B.Sc. Nursing: Yes / No
(if yes. Registration No.)

I,hereby declared that the information given above and in the enclosed documents are true to the best of my knowledge and belief and nothing has been concealed therein. I shall also obliged that no video recording of the interview shall be made by me. And I shall abide and agree any consequent legal action if found violated of the above terms & declaration.

Signature of applicant

Documents to be submitted: (Scanned copies of educational qualification, experience certificate, ST/SC/OBC Certificate in PDF format and send it to email: jnims.2020@gmail.com)