



C.S.M. SCHOOL OF NURSING

Gwalior (M.P.)

Session:

Date of Admission

Enroll No.

Course:

Application form

Name of the Student

Date of Birth Date Months Year

Mother's Name

Father's Name

Address (Local)

Address (Permanent)

Caste Category SC ST OBC GEN

Adhar Card No.

Mobile No. 1. 2.

Blood Group Disability Yes No

Genderf Male Female

Weight Kg gms Height Feet inch

Identification Marks

Father occupation Annual Income

Mother occupation Annual Income

Medical Fitness Certificate

Subject of 12 Class Passed

Educational Qualification

S.NO.	Examination	Board/University	Year of Passing	Obtain Marks	Percentage of Marks
1					
2					
3					
4					
5					

Documents Submitted

(a) 10th	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(b) 12th	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(c) T.C.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(d) Caste Certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(e) Domicile	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(f) Photo Graph	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(g) Migration (other State)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(h) Adhar Card	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(l) Other	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Father's/Mother's Guardian's Undertaking

Son/Daughter/is Seeking admission with my consent and in the event of his/her being admitted to the college. I will be personally responsible for

1. His/her good conduct behavior during his/her education at the college.
2. Return of books issued to him/her by the college.
3. Any other ability related to his/her educational tour. I also agree that he shall abide by the rules of a discipline of the center as administered by the university/Board authorized and the college.

Place

Date

Signature of Father/Guardian/s

Signature of the Students