

**APPLICATION FORM FOR G.N.M COURSE**  
**To be filled in by candidate's own handwriting**

Affix here a  
passport size  
photograph  
attested by a  
Gazetted officer  
on the frontside.

**(1) FULL NAME OF THE CANDIDATES RECORDED  
IN THE H.S.C. OR EQUIVALENT CERTIFICATE**  
in block letters).....

**(2) CATEGORY CLAIMED - GENERAL/S.C./S.T. / P.H./ Green Card Holder / Ex - Servicemen  
or Servicemen**

**(Put Tick Mark on whichever is applicable)**

**(3) Date** ..... **of**  
**Birth** .....

**(As recorded in H.S.C. or equivalent examination certificate)**

**(4) Age as on current academic session**

**(5) Nationality..... (6) Married/ Unmarried..... (7) Religion..... (8) Sex .....**

**(9) Educational Qualification.....**

**(10) Permanent home Address : -.....**

**Village / Town .....**

**P.O. .... Police Station.....**

**Tahasil - .....**

**Dist ..... Pin .....**

**(11) Present Address .....**

**( For correspondence ).....**

**..... pin ..... Ph .....**

**Contact No.....**

**(12) Full Name of Father / Husband.....**

**Address .....**

**..... Ph .....**

**(13) Guardian's Name ( if father is dead) .....**

**Address .....**

**.....**

**Relationship with candidates .....**

**14) Academic Details :**

**(i) Name of the Board/ Council of H.Sc .....**

**Examination .....**

**(ii) Name of the University / Council / Board of Qualifying Examination .....**

**(iii) Year of passing the qualifying Examination .....**

**(iv) Name of the Qualifying Examination .....**



(v)	Sl.No.	Name of the Examnation.	Marks with Ex-Opt	Percentage without Ex - Opt	50 % of the marks secured.
	1	H.S.S. or its equivalent			
	2	10+2 classes or its equivalent			

**Documends and certificate enclosed (put mark)**

1. Self attested True copy of passing Certificate of H.S.C. Examination issues by Board of Secondary Education, Odisha or Its equivalent examination as evidence of age. Yes / No.
2. Self attested True copy of passing Certificate of +2 Examination issues by CHSE.Odisha or Its equivalent examination as evidence of age. Yes / No.
3. Self attested True copy of mark list of H.S.C examination issued by the Board of Scondary Education Odisha or Its equivalent examination. Yes / No.
4. Self attested True copy of mark list of +2 Examination issues by CHSE, Odisha or Its equivalent examination Yes / No.
- 5 Self attested True copy of the conduct / Character certificate issued by the principal / Head Master of the Institution Last studied . Yes / No.
6. One of the recent passporthy size photograph attested by Gazette officer ( to be affixed in space provided in the application from ) . Yes / No.
7. Original Departmental slip portion of SBI chalan of Rs. 200/- Yes / No
- 8 Self attested True copy of Certificate in support of category claimed (S.C. / S.T. / P.H./ Green Card Holder/ Ex - servicemen or servicemen) Yes or No.
9. Self attested True copy of Residentsip / Nativity certificate for candidate who claims as permanent resident of Odisha. Yes or No.
10. Self attested True copy of Certificate from the concerned authority as authentic proff of passing Odia up to M.E.n Standard Yes or No.

I declared that the above statement of perticulars furnished by me are true in all respect and as such, I undertake that if subsequently, I will be found to have given wrong information with regard to the marks, certificates and documents produced by me in connection with my admission, then my name will be immediately removed from the Training Centre in adition to whatever legal action that may be taken against me. I agree to abide by the rules of the Training Centre and Hostel and pay all fees and deposit all other dues as laid down in the training Centre and Hostel Rules or may become due under these rules. I also agree to withdraw myself from training Centre and Hostle should the principle Tutor decide that such withdraw is necessary in the interest of the Institution.

I certify that i do not suffer from mental disease.

I certify that i do not have been prosecuted or convicted for any criminal offence involving moral turpitude.

PHOTOGRAPH  
OF  
PARENTS

Date :

Full Signature of the Applicant

Countersigned by Parent / Guardian / Husband

Name .....



## APPENDIX - I

Office of the ..... Date.....

Miscellaneous Certificate Case No.....

### **PERMANENT RESIDENT CERTIFICATE FOR G.N.M. COURSE**

This is to certify that Sri / Smt. miss .....

Son / Daughter / Wife of Sri. ....

is a native of the district of .....

in the state of orissa and he / she belongs to P.S.....

Tahasil ..... in the District of .....

The certificate is being granted only for the purpose of G.N.M. Course, Odisha

Full Signature of the applicant

Signature of Revenue Officer

Date -

Round seal of Office

Designation ( with seal of Office)

Note : 1. Revenue Officer means the Chief Officer in charge of Revenue Administration in the District,

Sub- Division of Tahasil & Additional Magistrate and Additional Tahasildar.

## ACKNOWLEDGEMENT

1. Your application for admission into GNM / Health Worker (F) Course received.
2. Your reference No. is .....
3. Please quote above Reference No. in any communication made the office of the Convener

Specimen Signature  
of the candidate

## ADDRESS

( To be filled in by candidate)

To

Smt. ....

C/o. ....

P.O. ....

Dist. ....

State. ....

Pin - ....

From

**Principal**

**Netaji School of Nursing & ANMTC**

**Plot No. 262 (B)**

**District Centre**

**Chandrasekharpur**

**Bhubaneswar - 16**



## APPENDIX - II

( To be submitted by the selected candidates after admission in the respective Schools )

I Sri / Smt. ( Name of the Local Guardian) .....

Address .....

Undertake to act as the Local Guardian of Miss / Smt/ Sri ..... Son / daughter / wife of Sri ..... during her / his period of study in the School of Nursing .....

I also undertake to act on behalf of the parents / huaband of the said student during the period of study in the School of Nursing ..... for which I have been empowered by the parent / guardian / husband of the said student.

I Further undertake to take custody of the above student as and required by the school authorities and to ensure that she maintain the academic discipline and good conduct during the period if study in the afore said institution.

Place - .....

Signaturer in full of the Local Guardian

Date - .....

### **ATTESTATION BY PARENT / HUSBAND / GUARDIAN**

The above undertaking has been signed in my presence, I empower Sri / Smt..... to act as Local Guardian of son / daughter / wife Miss / Smt. .... during the period of her studentship in the School of Nursing .....

PHOTOGRAPH  
OF  
LOCAL  
GUARDIAN

Place - .....

Date - .....

Signaturer in full of the  
Parent / Gurdian / Husband

### **UNDERTAKING**

I Sri / Smt. ....

D/o ..... Undertake that  
after

Admission. I cannot change my school to any other Institution and whatever the fees decided by the management comitee is final. The fees should be deposited on the schedule period. I cannot cancell my admission.

Signature in full of the student

## APPENDIX - III

### MEDICAL CERTIFICATE

#### CERTIFICATE OF PHYSICAL FITNESS IN RESPECT OF SELECTED CANDIDATES FOR ADMISSION INTO THE GNM COURSE

Name of the candidates in full ..... Age .....

....., Sex - Female, height ....., weight, .....,

Heart....., Eye....., teeth....., Liver....., Lungs.....,

....., Spleen....., blood Pressure.....,

Blood Group .....

Please indicate if Pregnant .....

Date of L.M.P. ....

Previous Medical History, if any .....

Personal remarks of Identification

1.....

2.....

I certify that I have examined the above named candidates and cannot discover that she has any diseases, constitutional weakness or bodily infirmity and I consider that the candidate is physically and mentally fit to undergo GNM Course under Health & F.W. Department, Odisha.

SIGNATURE OF THE CANDIDATES

Signaturer & seal of Medical Officer  
(Govt, of Odisha )

Designation -

Date -

**Note :** - This certificate is to be detached for submission only by the selected candidates on the date of counselling.

Not to be submitted alongwith Application Form.

This certificate must be obtained from the Govt, Medical Officer not prior to seven days of the counselling date.