

# Mangamma Memorial School of Nursing

(Recognised by Govt. of A.P.)

Recognised by APNMC No. APNMC/GNT/5113/2007

Recognised by INC - Certificate No. 18-02-4895-INC, Resolution No. 146/02/Jun/2009

16 -10 -1/TR/D/A, Old Malakpet, Saleemnagar Colony, Hyderabad - 500 036.

Ph : 040-65183993, 9390567484, 9440679717

## APPLICATION FORM

### G.N.M. (GENERAL NURSING AND MIDWIFERY)

Passport Size  
Photo  
to be affix

Signature of the Candidate

Particulars to be filled by the candidate in BLOCK Letters in her own handwriting.

1. Name of the Applicant : \_\_\_\_\_
2. Date of Birth (Day/Mon/Yr) : 

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3. Place of Birth, District and State : \_\_\_\_\_
4. Father's Name : \_\_\_\_\_
5. Mother's Name : \_\_\_\_\_
6. Father's Occupation & Annual Income : \_\_\_\_\_
7. Nationality & Religion : \_\_\_\_\_
8. Social Status  
(Tick the appropriate box) 

OC	BC				SC				ST
	A	B	C	D	A	B	C	D	
9. Mother Tongue : \_\_\_\_\_
10. Identification Marks  
(as per SSC) : 1. \_\_\_\_\_  
2. \_\_\_\_\_
11. Physically Handicapped : \_\_\_\_\_

12. Postal Communication : \_\_\_\_\_  
\_\_\_\_\_
13. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_
14. Contact Telephone No. : 1. \_\_\_\_\_  
(With STD Code)

**DECLARATION**

I hereby declare that the particulars given above are true and correct to the best of my knowledge. I agree to abide by the rules and regulations in force for the due maintenance of discipline at the school of Nursing. I am liable to be punished by expulsion from the School of Nursing if the information furnished by me is found incorrect or fraudulent.

**Discontinuation :** In the event of discontinuing the studies during the middle of the course, the candidate will pay the 3 years course fees to the institution.

Place :

Signature of the Candidate

Date :

Name :  
(in Block Letters)

Signature of the Parent / Guardian