



**BANARAS HINDU UNIVERSITY**  
**MODEL SICK NEWBORN CARE UNIT (SNCU)**  
**NEONATAL UNIT, DEPARTMENT OF PEDIATRICS**  
**INSTITUTE OF MEDICAL SCIENCES**



**APPLICATION FORM**

**Post applied for** : **STAFF NURSE**

**Name (In Block Letters)** : \_\_\_\_\_

**Present Designation** : \_\_\_\_\_

**Date of Birth (dd/mm/yyyy)** : \_\_\_\_\_

**Gender (Male/ Female)** : \_\_\_\_\_

**Father's Name/ Husband's Name** : \_\_\_\_\_

**Mother's Name** : \_\_\_\_\_

**Marital Status** : \_\_\_\_\_

**Nationality** : \_\_\_\_\_

**Category (Gen/OBC/ SC/ ST)** : \_\_\_\_\_

**Address for Correspondence** : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Mobile No. (mandatory)** : \_\_\_\_\_

**Telephone No.** : \_\_\_\_\_

**E-mail Address (mandatory)** : \_\_\_\_\_

**Permanent Address** : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Distinction/ Prizes/ Awards/ Medals/ Honors etc.:** \_\_\_\_\_

\_\_\_\_\_

**Academic Qualifications:**

Examination Passed	Board/ University	Year of Passing	Percentage of Marks Obtained	Division/ Grade/ Merit
10 <sup>th</sup> / High school or Equivalent				
12 <sup>th</sup> / Intermediate or Equivalent				
B.Sc. Nursing/ GNM or Equivalent				
M.Sc. Nursing or Equivalent				
Special training in Newborn Care, for example FBNC Training				

**Appointments held or Experience, if any:**

Designation	Name of Employer/ Institution	Date of		Salary (Grade pay/ Consolidated)	Nature of Duties	Reason for leaving
		Joining	Leaving			

**Additional Information, if any:**

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**Declaration:** I declare that:

1. The information given above is complete and correct.
2. I have never been dismissed from service nor debarred from holding any future appointment or convicted for any offense. No criminal case is pending against me.
3. In case of concealment/suppression of facts(s), which may be detected at any stage in future, my appointment is liable to be cancelled/ terminated, as the case maybe, without notice.

Date : .....

Signature of the Applicant : .....