

**Prescribed proforma for application  
Engagement for: Female Nurse**

1. Name: .....
2. Father's / Husband's Name: .....
3. Date of birth: .....  
(Self-Certified copy of proof to be enclosed)
4. Age (As on 01/12/2020): .....
5. Gender: .....
6. Permanent Address: .....  
.....
7. Address for Communication: .....  
.....
8. Telephone: Landline: .....  
Mobile: .....
9. E-mail Address: ..... -
10. Nationality: .....
11. Religion: ..... Category (SC/ST/OBC/UR) : .....
12. Qualification: (Self Certified copies of Mark sheets / Certificates to be enclosed)

Affix Recent  
Passport size  
Photo here

Qualification	Name of the Degree	Name of the Institution	Percentage with Division / Class
Class - X			
Class - XII			
GNM / B.Sc. Nursing			
P.G. Degree / Diploma			
Additional (if any)			

13. Experience: (Self Certified copies of Certificates to be enclosed)

14. Organisation	Scale of pay & Present Basic Pay.	Post	Period _____ (_____ to _____)	Duration

Additional Information (if any)

I certify that the above information is true to the best of my knowledge and belief. The necessary documents, including the certificate from my employer, are enclosed.

\_\_\_\_\_  
(Full Signature of Applicant with Date)