

Application Form No: _____



Estd : 2009

MFM SCHOOL OF NURSING (ANM)

(A unit of Mission Foundation Movement)

APPLICATION FORM FOR MFM SCHOOL OF NURSING (ANM) SESSION: 2023–2025

Name of applicant: _____
(in capital letter)

Father's Name: _____

Father's Occupation: _____

Mother's Name: _____

Mother's Occupation: _____

Paste recent
passport size
photo here

Category: ST SC General

Gender: Male Female

Date of Birth: Day Month Year
(as per HSLC)

Religion: _____

Nationality: _____

Aadhar No: _____

Permanent Address

Address: _____ H/no: _____

Locality/Veng: _____ Town/City: _____

District: _____ State: _____

Phone No: _____ Email: _____

Pin Code: _____

Address of Correspondence

Address: _____ **H/no:** _____

Locality/Veng: _____ **Town/City:** _____

District: _____ **State:** _____

Phone No: _____ **Pin Code:** _____

Address of Gurdian (If any)

Address: _____ **H/no:** _____

Locality/Veng: _____ **Town/City:** _____

District: _____ **State:** _____

Phone No: _____ **Pin Code:** _____

Particulars in entry Qualification School last attended

Name of Last Examination: _____

Name of Last Examination Board: _____

Year of passing: _____ **Grade/Division:** _____

Total marks obtained: _____ **Percentage:** _____

(For those who have Higher Qualification than the entry Qualification)

University/Board attended: _____

Name of Last Examination: _____

Name of Last Examination Board: _____

Year of passing: _____ **Grade/Division:** _____

Total marks obtained: _____ **Percentage:** _____

List of Documents to be attached:

Sl.no	Document attached	Yes/No
1	Birth Certificate	<input type="checkbox"/> <input type="checkbox"/>
2	HSLC Marksheet & Certificate	<input type="checkbox"/> <input type="checkbox"/>
3	HSSLC Marksheet & Certificate	<input type="checkbox"/> <input type="checkbox"/>
4	Residential Certificate	<input type="checkbox"/> <input type="checkbox"/>
5	Aadhar Card	<input type="checkbox"/> <input type="checkbox"/>
6	Medical Certificate	<input type="checkbox"/> <input type="checkbox"/>
7	Migration for other state	<input type="checkbox"/> <input type="checkbox"/>

DECLARATION BY THE CANDIDATE

My Particulars stated above are true to best of my knowledge and belief. I have read the Prospectus and I shall abide by the terms and conditions contained therein. In case of any false statement or in the event of being found ineligible even at a later date, I am liable to any actions taken by the Institution as it deems fit and proper. I promise to accept and abide by the decision of the Selection Board as final and true.

(_____)
Signature of Applicant
Date: _____

DECLARATION BY THE PARENTS/GUARDIAN

In the event of my son/daughter Mr./Ms..... being admitted to MFM School of Nursing (ANM), Durtlang North. I shall bear the responsibility of his/her conduct in and outside the Institution. I also undertake to pay his/her Course of study in the said Institution from time to time. I am aware that according to the rules of the Institution, a minimum attendance of 75% is required in lectures and sessionals of each subject of study. I will withdraw my son/daughter from the Institution if his/her attendance, progress or conduct are found unsatisfactory and also if he/she fails to clear the dues in time.

(_____)
Signature of Parent/Guardian

Relationship with the Candidate _____

Address for Communication _____

Occupation _____