



A recent  
passport size  
photo of  
applicant to be  
affixed here

Form No...../ST.ASN/GNM/2024

Admission No.....

**ST. AUGUSTINE'S SCHOOL OF NURSING, CHAPAGURI PO, DT. CHIRANG,  
ASSAM-7833 80**

**APPLICATION FORM FOR GNM (3 Yrs.) COURSE**

**Note: Application should be filled in by applicant's own handwriting in English.**

**FILL IN WITH BLOCK LETTERS ONLY.**

1 .Name in full -----

2. Date of Birth (as in school record) -----

3. Age----- 4.Sex-----. 5. Height-----

6. Weight----- 7.Nationality. ----- 8. Religion-----

9. Category (ST, SC, OBC, GEN) -----10.State. -----

11. Language (Speak/ Write) -----

12. If you are a religious sister –your religious Name. -----

13. Name & Address of the major superior. -----

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-----T. phone No-----

14. Name of the Father-----

15. Name of the Mother-----

16. Name & Address of the father/ mother (or guardian if neither is alive)

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Ph. No. 1. Home-----2. Personal-----

17. Occupation of the Father/Mother-----

18. Income of the Father/ Mother-----

19. Present address. -----  
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20. Educational Qualifications:

Qualifications	Year of passing	No of attempt	Marks obtained	Class/ Division/ % obtained	Subject Studied
Secondary School: Metric / SSLC/SS or Equivalent					
HSLC/ 12 <sup>th</sup> Class/ or Equivalent					

21. Address of school/ college where you studied last-----  
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22. Your ability in extracurricular activities:

Sports, Music, Dance, Elocution etc

**23. Send the copies of the following along with this filled in application Form.**

1. One recent passport size photographs
2. Photo copy of Qualifying examination certificates and mark list of Class X, and XII

3. Character certificates from the school / college principal you studied last/ Parish Priest
4. Admit card of class 10<sup>th</sup> & 12<sup>th</sup>
5. Medical fitness certificate only in the given format
6. Caste certificate
7. Residential certificate / PRC
8. Current annual Income certificate
09. Birth certificate
10. Transfer certificate
11. Copy of undertaking duly signed by the candidate and guardian
12. Photo copy of Adhar card
13. Pass certificate of 10<sup>th</sup> and 12<sup>th</sup>
14. The duly filled in application forms should reach the office of the Principal on last date 31<sup>st</sup> July 2024 . The school will not be responsible for Postal delay.
15. I have carefully studied the prospectus and I am willing to abide with it.

Signature of the candidate

Name of parent/guardian

Date-----

Signature-----

Relationship to candidate

-----

Date-----

**ST. AUGUSTINE'S SCHOOL OF NURSING, CHAPAGURI, BONGAIGAON- ASSAM**

**MEDICAL CERTIFICATE**

Name-----  
Age -----Sex ----- Height ----- Weight -----  
Hearing -----X- RAY Chest-----  
Vision: Near Vision ----- Distance Vision -----  
Heart -----B.P. ----- Lungs -----  
Abdomen ----- Liver -----Spleen-----  
Menstrual History -----  
Nose ----- Throat ----- Teeth-----Skin -----  
-----Thyroid -----Glands -----  
**Laboratory Test:** VDRL-----Hb -----TC-----DC----- ESR -----HIV -----  
----- Sickle Cell----- HBsAg ----- Blood Group -----  
Urinalysis ----- Stool Routine -----  
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H/O any surgery-----

Is anyone in the family suffering from any chronic disease like:  
TB, Cancer, Leprosy, Heart Disease, Asthma, Rheumatism, Sickle Cell Anemia etc:  
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Mental Illness? Yes-----No-----

If yes state which disease and who -----

**IS THE CANDIDATE FIT TO DO THE THREE YEARS GNM NURSING STUDIES?**

YES. ----- NO. -----

Seal & Signature of the Doctor

Reg: No. with Degree:

The information given above is true to the best of my knowledge.

Signature of the candidate-----Sign of parent-----

- NB: 1. certain test may be repeated on admission as required.  
2. Attach the blood study reports to the form.

**UNDERTAKING**

All the students are to give an undertaking to the management that they would abide by the rules & regulations of the institution and that in the event of violation of any rule that the judgment of the management shall be final. This undertaking shall be signed both by the student and by the parent or guardian.

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I, Miss.....promise to abide by the rules and regulations of St. Augustine’s School of Nursing. In the event of the violation of any rule, I accept that the judgment of the management would be final and binding.

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Name of parent/ Guardian

Signature.....

Postal address with pin code

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Phone No.

Date:

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Name of the Candidate

Signature.....

Postal address with pin code

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Phone No.

Date: