



Nurturing Talent Successfully

Saraswati School of Nursing - Malda

Approved by the Government of West Bengal & Recognized by West Bengal State Nursing Council

ENQUIRY FORM

No. 001

Date : _____

Applicant's
Photo

Course applying for **G N M - 2 0 2 0 - 2 0 2 1**

To Be Filled In Block Letters

Applicant information

Name : _____

Date of Birth : _____ Age: _____ Gender: Male Female

Religion : _____ Caste : _____ Category : _____

Community : SC ST OBC Others _____ Birth Place : _____

Nationality : Indian NRI Foreign _____

Domicile : _____ Blood Group : _____ Marital Status : Yes No

Address

Permanent Address		Alternate Address	
_____		_____	
_____		_____	
City/Town _____		City/Town _____	
State _____	PIN _____	State _____	PIN _____
Telephone : _____		Mobile : _____	
Email : _____			

Parent / Guardian Information

Father's Name : _____ Occupation : _____

Mother's Name : _____ Occupation : _____

Husband's Name : _____ Occupation : _____

Local Guardian's Name : _____ Phone No. : _____

Education

Secondary Education (Secondary School attended) _____

Pre University education (10 +2)/ Qualifying examination (Name of the school/College attended) _____

Medium of instruction in pre university education (10 +2) / Qualifying Examination English Bengali Hindi

Marks secured in Qualifying Examination

Sl.No.	Subject	Max. Marks	Marks Obtained	%

Student's Signature: _____ Parent's / Guardian's Signature: _____

Date: _____ Place: _____