



Nurturing Talent Successfully

Saraswati School of Nursing - Malda

Approved by Govt. Of West Bengal and Affiliated to West Bengal State Nursing Council & Indian Nursing Council

ENQUIRY FORM

No. 001

Date : _____

Applicant's
Photo

Course applying for - -

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
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
City/Town <input type="text"/>	City/Town <input type="text"/>
State <input type="text"/> PIN <input type="text"/>	State <input type="text"/> PIN <input type="text"/>
Telephone : <input type="text"/>	Mobile : <input type="text"/>
Email : <input type="text"/>	

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: _____