

APPLICATION FORM



MERIDIAN

NURSING & PARAMEDICAL COLLEGE

Ghazipur Road, Ledhupur, Varanasi - 221007

Contact : Mob : 9838501709, 7376184113

Website : www.meridiannursingschool.org

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Course

Nursing GNM ANM GNM(A)
 Paramedical OT DLS PHT E&TC OPT

Candidate 1st name (in capital) Middle Name Sur Name

Name of Father (in capital) Middle Name Sur Name

Name of Mother (in capital) Middle Name Sur Name

Occupation

Complete Permanent Address (in capitals (do not repeat name)

State : Telephone :

Date of Birth (in Christian era) Date Month Year

Nationality **Sex** **Category**

a) Indian a) Male a) General b) SC c) OBC

b) Others b) Female d) Defence e) Physically handicapped

Details of Qualifying Examination

Exam	Name of Board/University	Stream	Subject	Year	M. obtained	% obtained
SSC						
Inter						

Declaration :

I hereby declare that all the particulars stated above are true to of my knowledge and belief. The decision of the selection board of the institute shall be final and binding on me in all respects.

Date : Place Signature of Applicant

FOR OFFICE USE ONLY

Application No. Received on

Selected Waiting List Not Selected

Exam. Batch Admission Session