

14] Languages Known

15] No. of Certificates enclosed

## Priyadarshini Shikshana Samsthe's (Regd.) MOTHER THERESA NURSING SCHOOL

Nandishwar Nagar, Kalasapur Road, **GADAG - 582 103** (KARNATAKA) Ph: 08372 - 232274, 325432; Cell: 80503 58756, 98864 52776, 94487 29748

Serial No :

1055

	APPLICATIO	IN FOR A	DMISSION TO		military		
Diploma in General Nursing and Midwifery Course (G.N.M)  For the Year					Affix your recent		
	(Application form to be fille in	passport size photograph here					
1]	Name of the Applicant :						
2]	Father's/Husband's Name and Occupation		or my Samuel Comment.	Lead and at	ernome delene	work units	
3]	Address: Present : _		int to Lader	nis Militar est	STATION WITH	of Increase	
	Matthew September				PIN:	Ш	
	Permanent : _	EAUSVIVO	BASTON OF PART	Aliosid .			
	makes (ceres				PIN:	Ш	
4]	Date of Birth / Age :	diameter se	5] Sex:	reputations of	ton more	ont tenings	
6]	6] Place of Birth: 6] Marital Status:						
8]	Nationality : 9] Religion :						
10]	Mother Tongue : 11] Caste :						
12]							
13]	Education Qualification			legi ede anoi	( Laborato		
Sl. No.	Name of the Examination (10th/SSLC/PUC/PDC/+2)	Year of Passing	Board/ University	Marks Obtained	Grand Total Marks	Percentage	
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2.	ignature of the Establish			HER THE REAL PARTY.	eriot nitra	- military is	
		Julice, vi same is		Wilesamble	Overall % Optional %	M X HILL	

### PHYSICAL FITNESS CERTIFICATE

(To be issued by the Registered Medical Practitioner only)

Height :	Weight :	Sight :	Hearing :
Teeth:	Condition of Hair :		
Vaccinated : YES / N	IO O		
Whether the candida	te has suffered from any Dis	ease ? :	
I certify that I ha	eve examined Mr./Miss/Mrs	SIRUA NUT VI	OTAGLISCA
and found he/she is	physically and mentally fit fo	or joining the above n	nentioned Course.
Place :			
Date:	printing on all.		nature of the Medical Practitioner in Registration Number and Seal.
1	DECL	ARATION	
given above are corre which I have made is the College. I declare enforced by its author	ct to the best of my knowledg false or incorrect then the Co that I shall strictly abide by	ge and based on reco ollege authorities have the rules and regulat so declare that I will	n form myself and the particulars rd. I accept that if any statement e right to strike off my name from ions of the College and the Hoste clear all the College dues in time by Hall ticket.
Place :			
Date :			Signature of the Candidate
	DECLARATION OF	PARENT/GUAR	DIAN
I, Shri/Smt the particulars are given studied the rules and ward with the College	ven above by my ward and are I regulations of the College ar	e correct to the best o	hereby declare that f my knowledge. I have carefully e for all the dues incurred by my
Place :	vidagie E. E.A.		
Date :	- model of	Sig	nature of the Parent/Guardian
	UNDE	RTAKING	
implementations. I immediate dismissal Further I cons compensation fixed b any unsatisfactory co	have understood that, taking from the Institute/Hostel with ent to undergo the course by the Management in the ever-	ng part in strike/bo thout assigning any for its full duration ent of violation, volume the training period, I	ne rules and regulations and their sycotting classes. I am liable to reason.  on and undertake to pay the stary withdrawal or dismissal for will not take part in any kind of
Signature of the Pare	nt/Guardian		Signature of the Candidate
Name & Address :		Name & Addre	
Signature, Name and	Address of Witnesses :		
1)		2)	



15] No. of Certificates enclosed

# Priyadarshini Shikshana Samsthe's (Regd.) GANDHIJI PARA-MEDICAL COLLEGE

Nandishwar Nagar, Kalasapur Road, GADAG - 582 103 (KARNATAKA)

Ph: 08372 - 232274; Cell: 94481 86218, 98864 52776, 94487 29748

Website: www.pssgadag.com. E-mail: pssgadag@rediffmail.com

Serial No :

169

	APPLICATIO	ON FOR A	DMISSION TO	tereme non	Patricum:	deriber Ore		
	Diploma in Health Inspector Course (D.H.I)  For the Year  (Application form to be filled in by candidate in his/her own handwriting in CAPITAL letters only)					Affix your recent		
						passport size photograph here		
1]	1] Name of the Applicant :							
2]	Father's/Husband's Name and Occupation	Logaro base	or the Characters and a my browning cost of a then the College as	In the principal of the	are current country in h	synde man		
3]	Address: Present : _	was to			motion str	of horseld		
	man fast				PIN:			
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	maker young	WAREN THE	DESCRIPTION OF THE PROPERTY OF	IA, UYBU	PIN:	Ш		
4]	Date of Birth / Age :	delinoper of	5] Sex:	lo entitativo	Date selet	agt ballan		
6]	Place of Birth: 6] Marital Status:							
8]	Nationality : 9] Religion :							
10]	Mother Tongue : 11] Caste :							
12]	Name, Address and Occupation of Legal Guardian, if father is not alive :							
13]	Education Qualification	will pulsa be	had the family are	tion the nath	Landmett	Marie Street		
SI. No.	Name of the Examination (10 <sup>th</sup> /SSLC/PUC/PDC/+2)	Year of Passing	Board/ University	Marks Obtained	Grand Total Marks	Percentage		
1.	of you of they sold has light	d shoreig jaran	empletton of the test continu Security	o spoleo Jurbi del centro litter	Lactory car Substitute I	prodett		
2.	authorized to the state of			antimus or	over a tra	Smithing		
		Name & Adde			Overall % Optional %	bA 10-elinek		

PHYSICAL FITNESS CERTIFICATE
(To be issued by the Registered Medical Practitioner only)

Height :	Weight :	Sight : Hearing :
Teeth:	Condition of Hair :	Lungs :
Vaccinated : YES	/ NO	
Whether the cand	lidate has suffered from any I	Disease ?:
I certify that	I have examined Mr./Miss/Mrs	s
and found he/sh	e is physically and mentally fi	t for joining the above mentioned Course.
Place :		
Date :		Signature of the Medical Practitioner with Registration Number and Seal.
	DEC	CLARATION
given above are c which I have mad the College. I dec enforced by its au	orrect to the best of my knowle le is false or incorrect then the clare that I shall strictly abide leathorities from time to time. I	have filled this application form myself and the particulars ledge and based on record. I accept that if any statement college authorities have right to strike off my name from by the rules and regulations of the College and the Hoste I also declare that I will clear all the College dues in time that to stop the issue of my Hall ticket.
Place :	D	
Date :		Signature of the Candidate
	DECLARATION	OF PARENT/GUARDIAN
I, Shri/Smt	JPI	hereby declare tha
the particulars ar	e given above by my ward and and regulations of the College	are correct to the best of my knowledge. I have carefully te and will be responsible for all the dues incurred by my
Place :		
Date :	. Printerior	Signature of the Parent/Guardian
	UNI	DERTAKING
implementations. immediate dismis Further I of compensation fix any unsatisfactor	I have understood that, to ssal from the Institute/Hostel consent to undergo the cou- ed by the Management in the	pectus and understood the rules and regulations and their aking part in strike/boycotting classes, I am liable to a without assigning any reason.  The array of the training period, I will not take part in any kind of ciety.
Signature of the l	Parent/Guardian	Signature of the Candidate
Name & Address	•	Name & Address :
Signature, Name	and Address of Witnesses :	
1)	•	2) Zaranimes Valenti especialistica (III)



15] No. of Certificates enclosed

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E-MAIL: pssgadag@rediffmail.com

Serial No:

189

	APPLICATION	ON FOR A	DMISSION TO		sured Charles	vitreo I		
Diploma in Medical Laboratory Technician Course (D.M.L.T)  For the Year  (Application form to be filled in by candidate in his/her own handwriting in CAPITAL letters only)						Affix your recent passport size photograph here		
2]	Father's/Husband's Name and Occupation	:	of the property of the party of			Latte J. Near above Stalk I have		
3]	Address: Present :				trocking all	of female		
	Permanent :		Carrie al Histraria sono	Employ for	PIN:	CHU Jeo		
and)	MAN AND AND AND AND AND AND AND AND AND A	STEAST OF THE	SHAT TO HOTTAR!	LTONG	PIN:	Ш		
4]	Date of Birth / Age :	Million	5] Sex:	andring.	t best solen	and backet		
6]	Place of Birth:		6] Marital State	us:		CLASSIC Trace		
8]	Nationality : 9] Religion :							
10]	Mother Tongue :							
12]	Mother Tongue : 11] Caste :  Name, Address and Occupation of Legal Guardian, if father is not alive :							
13]	Education Qualification	A April Shipling	a hear white process	ent (set) etc	d limited	I di berili		
Sl. No.	Name of the Examination (10 <sup>th</sup> /SSLC/PUC/PDC/+2)	Year of Passing	Board/ University	Marks Obtained	Grand Total Marks	Percentage		
1.			describer Sames	Commo	al off rank	se ontradiq		
2.	Speciale of the Cambridge			pull-pured\	nsera ello	n sistlegs		
		TABLE STATES			Overall % Optional %			

PHYSICAL FITNESS CERTIFICATE
(To be issued by the Registered Medical Practitioner only)

Height :	Weight :	Sight :	Hearing:
	Condition of Hair :		
Vaccinated : YES	/ NO	anon arthur day	
Whether the can	didate has suffered from any D	isease ?:	
I certify that	I have examined Mr./Miss/Mrs.		MULIAULITA
and found he/sh	e is physically and mentally fit		
Place :	Anna market and an anna		
Date :			gnature of the Medical Practitioner ith Registration Number and Seal.
	DEC	LARATION	
given above are c which I have mad the College. I dec enforced by its at	orrect to the best of my knowle le is false or incorrect then the ( clare that I shall strictly abide by	dge and based on red College authorities ha y the rules and regul also declare that I wi	ion form myself and the particulars cord. I accept that if any statement ave right to strike off my name from ations of the College and the Hostell clear all the College dues in time, my Hall ticket.
Place :	Jim Company		
Date :			Signature of the Candidate
	DECLARATION O	F PARENT/GUA	RDIAN
I, Shri/Smi			hereby declare that
the particulars ar	re given above by my ward and a and regulations of the College		t of my knowledge. I have carefully ble for all the dues incurred by my
Place :	substitute facilities		
Date :	Printer	12	Signature of the Parent/Guardian
	UND	ERTAKING	
implementations, immediate dismis Further I c compensation fix any unsatisfactor	I have understood that, tal ssal from the Institute/Hostel to consent to undergo the coursed by the Management in the e	king part in strike/ without assigning an se for its full dura event of violation, vol f the training period	the rules and regulations and their boycotting classes, I am liable to y reason. tion and undertake to pay the untary withdrawal or dismissal for I will not take part in any kind of
Signature of the 1	Parent/Guardian		Signature of the Candidate
Name & Address		Name & Ad	
Signature Name	and Address of Witnesses:		
1)	and Address of Willesses:	2)	
11		7/1	