



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 N^o : **1055**

APPLICATION FOR ADMISSION TO

Diploma in General Nursing and Midwifery Course (G.N.M)
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] Name of the Applicant :

2] Father's/Husband's Name :
and Occupation

3] Address : Present :

PIN:

Permanent :

PIN:

4] Date of Birth / Age :

5] Sex :

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 :

Sl. No.	Name of the Examination (10 th /SSLC/PUC/PDC/+2)	Year of Passing	Board/ University	Marks Obtained	Grand Total Marks	Percentage
1.						
2.						
					Overall %	
					Optional %	

14] Languages Known :

15] No. of Certificates enclosed :

(P.T.O)

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 candidate has suffered from any Disease ? : _____

I certify that I have examined Mr./Miss/Mrs. _____

and found he/she is physically and mentally fit for joining the above mentioned Course.

Place : _____

Date : _____

Signature of the Medical Practitioner
with Registration Number and Seal.

DECLARATION

I, the undersigned hereby declare that, I have filled this application form myself and the particulars given above are correct to the best of my knowledge and based on record. I accept that if any statement which I have made is false or incorrect then the College authorities have right to strike off my name from the College. I declare that I shall strictly abide by the rules and regulations of the College and the Hostel enforced by its authorities from time to time. I also declare that I will clear all the College dues in time, if not, then the College authorities have the right to stop the issue of my Hall ticket.

Place : _____

Date : _____

Signature of the Candidate

DECLARATION OF PARENT/GUARDIAN

I, Shri/Smt. _____ hereby declare that the particulars are given above by my ward and are correct to the best of my knowledge. I have carefully studied the rules and regulations of the College and will be responsible for all the dues incurred by my ward with the College.

Place : _____

Date : _____

Signature of the Parent/Guardian

UNDERTAKING

I hereby declare that I have read the prospectus and understood the rules and regulations and their implementations. I have understood that, taking part in strike/boycotting classes, I am liable to immediate dismissal from the Institute/Hostel without assigning any reason.

Further I consent to undergo the course for its full duration and undertake to pay the compensation fixed by the Management in the event of violation, voluntary withdrawal or dismissal for any unsatisfactory conduct before completion of the training period, I will not take part in any kind of agitation against the Institution/Education Society.

Signature of the Parent/Guardian

Signature of the Candidate

Name & Address :

Name & Address :

Signature, Name and Address of Witnesses :

1) _____

2) _____



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 N^o :

169

APPLICATION FOR ADMISSION TO

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
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1] Name of the Applicant :

2] Father's/Husband's Name :
and Occupation

3] Address : Present :

PIN:

Permanent :

PIN:

4] Date of Birth / Age :

5] Sex :

6] Place of Birth :

6] Marital Status :

8] Nationality :

9] Religion :

10] Mother Tongue :

11] Caste :

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Legal Guardian, if father is not alive :

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Place : _____

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with Registration Number and Seal.

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Name & Address :

Name & Address :

Signature, Name and Address of Witnesses :

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Serial N^o :

189

APPLICATION FOR ADMISSION TO

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
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1) Name of the Applicant :

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PIN:

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