



VYDEHI INSTITUTE OF NURSING SCIENCES & RESEARCH CENTRE

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Affix Photo

APPLICATION FORM FOR

Appln No. VINS/GNM : **271** GENERAL NURSING & MIDWIFERY

Name of the Candidate :

Gender : M F Date of Birth Age Yrs

* Write Date of Birth as it is in the SSLC / 10th Standard Marks Card

Father's Name :

Occupation : _____ Designation : _____

Annual Income : _____

Mother's Name :

Occupation : _____ Designation : _____

Annual Income : _____

Address for Correspondence : _____

City : _____

State : _____ Country _____ Pin Code _____ Ph (R) : _____

Ph (O) : _____ Mob _____ Email _____

Permanent Address : _____

City : _____

State : _____ Country _____ Pin Code _____ Ph (R) : _____

Ph (O) : _____ Mob _____ Email _____

Name of the Local Guardian _____

Relationship with guardian _____ Address of the Guardian _____

City _____

State _____ Pincode _____ Ph(R) _____

Ph (O) _____ Mob _____ Email ID _____

Mother's Tongue _____ Native State : _____

Minority Status : Religious Linguistic, if yes, Specify _____

P.T.O.

Educational Qualifications :

	Course / Board	Institution	Year of Passing	Aggregate %
10 th Standard				
12 th Standard				
Subjects	English			
	Second Language			
Optional Subjects				

Attested Photocopies of the Following Certificates to be enclosed along with 5 recent Passport Size Photographs

SSLC / PUC Certificates and Mark Sheet Y N Migration Certificate Y N
 Eligibility Certificate Y N Transfer Certificate Y N
 Conduct Certificate from Head of the Institution last attended Y N Medical Fitness Certificate Y N
 Certification of Vaccination Y N Pass Port Copy Y N

Declaration by the candidate :

I declare that the information provided in this application form is true to the best of my knowledge and belief.

Signature of the candidate

Date : _____

Place : _____

Signature of the Parent / Guardian