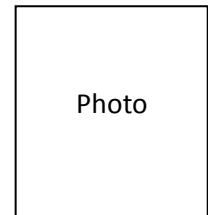


MAHATMA GANDHI INSTITUTE OF NURSING JABALPUR (M.P.)



ADMISSION FORM

COURSE : - _____

IDENTIFICATION DATA OF STUDENT

Name: _____

Age: _____

Gender: _____

Date of Birth: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Address:

Temporary: _____

Permanent: _____

Phone Number

Student: _____ Parent: _____

Religion: _____

Caste: _____

Name of Local Guardian: _____

Phone no.: _____

Address of Local Guardian:

Blood group: _____

Previous Exams Passed:-

S.No.	Name of The Exam	Year	Name Of The University/Board/School	Total Marks	%

Name of course willing to get admission:

Date of Admission: _____

Original certificate and document handed over to college authority:

DOCUMENT	SUBMITTED YES/NO	REMARKS
10th		
12th		
Transfer certificate		
Character certificate		
Caste certificate		
Migration Certificate		
Income certificate		
Domicile Certificate		
Medical Certificate		
Passport size photo in uniform-24		
Aadhar Card		
Voters ID		
Samagra ID		

Date: _____

Signature of Student
Principal

Signature of