

APPLICATION FORM

For admission to Post Basic Diploma in Oncology/Neonatal Nursing Course, Session-2024

Entrance Test-24 Roll No. _____ Marks _____

1. Name (In block letters) : _____

2. Father's Name (In block letters): _____

3. Date of Birth: _____ Age (as on 31.10.2024) _____ Years _____ Months _____ Day _____

4. Category _____ Category Code _____ As given in prospectus

5. Resident Status Punjab/Other state _____ Nationality _____

Affix latest
passport size
attested
photograph

6. Address for correspondence (In block letters):

District _____
Phone No. _____ Mobile _____

Permanent Address (In block letters):

District _____
Phone No. _____ Mobile _____

7. Academic qualification :

| Exam Passed | Year of passing | Name of School / College | University | Total marks | Marks secured | % age of marks secured |
|-------------|-----------------|--------------------------|------------|-------------|---------------|------------------------|
| 10th | | | | | | |
| 10+2 | | | | | | |
| GNM | | | | | | |

8. Registration No.(PNRC):RN _____ RM _____ GNM From Punjab/Other State _____

9. Professional Experience:

| Post | Name of Institution | Date | | Total Experience | Remarks |
|------|---------------------|------|----|------------------|---------|
| | | From | To | | |
| | | | | | |
| | | | | | |

Signature of the Candidate

Enclosures (please attach attested copies of the following documents):

| S.N. | Document | Ticked by candidate | Remarks (for office use) |
|------|--|---------------------|--------------------------|
| 1 | DMC 10 th and 10+2 | | |
| 2 | DMC GNM (all years) | | |
| 3 | Character Certificate | | |
| 4 | Registration Certificate RN/RM | | |
| 5 | Domicile/Residence Certificate | | |
| 6 | Certificate if applying under any reserve category | | |
| 7 | Experience Certificate | | |
| 8 | Self undertaking Having not availed any Residence benefit in any other state | | |