



CHAMPARAN GROUP OF INSTITUTIONS

Address : Salim Nagar, Marjadwa-Parsa, Mainatand, West Champaran-845306

Affiliated to Department of Health &
Bihar Nurses Registration Council (Govt. of Bihar)

ADMISSION FORM

17

Course :- ANM GNM

Session 20 / 20

Affix Your
Recent
Passport Size
Photograph with
Approx

Name :

Father's Name :

Mother's Name :

Date of Birth :/...../..... Gender (Male/Female) Identification Mark

Caste Category (GEN/OBC/SC/ST/PH)..... Disability (Yes/No)

Religion Marital Status Aadhar

Permanent Address

P.S. District State

Pin Code Email ID

Contact No. (s) (1) (2) (3) ☎

Education Qualification :

Name of Examination	Name of Board	Institute /School / College Name	Year of Passing	Roll No.	Division	Pert. of Marks	Remarks
Matriculation							
Intermediate							
Others							

Technical Educational Qualification (If any)

Declaration :

I do hereby declare that all the above information given me is true to best of my knowledge and belief.

Signature of Parents

Signature of Student