

Sara Grace Educational Society

P.B. No: 11, Machilipatnam- 521001, Krishna Dist., Andhra Pradesh.

Phone No: 08672-222661, 227761. Fax No: 08672-231341.

D.No: 11/142, Smt. Anjanadevi Complex, Penamaluru, Vijayawada

Phone No: 0866-2585203, 04, 2585302, Fax No: 0866-2582845

Passport size
Photograph
attested by the
Gazetted Officer /
Principal

Course :

B.Sc Nursing Degree Course (B.Sc Nursing)	
General Nursing and Midwifery (GNM)	
Diploma in Medical Lab Technology (DMLT)	
Certificate in Radiographic Assistant (CRA)	
Multi Purpose Health Workers(Female) (MPHW)	

Application form for Admission into _____ Course for the Year of _____

APPLICANTS INFORMATION																			
FIRST/MIDDL / LAST																			
FATHER'S																			
Date of Birth:										Place of Birth:									
DD		MM		YEAR															
Nationality:										SEX					Mother Tongue				
Religion										Caste									
Address for Correspondence of Applicant:																			
PIN:										District									
Telephone No: (with code)										Counter									
Res :										Mobile									
Educational Qualifications																			
S.S.C. or 10th Standard Subjects				Max	Min	Marks Obtained	Inter,HSE,10+2 Subjects				Max	Min	Marks Obtained						
TOTAL							TOTAL												

Registration fee in favour of **Sara Grace Educational Society , Machilipatnam**

RS: 500 /-	DD No								Date						
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Personal Marks of Identification:

1

2

Declaration

I hereby solemnly and sincerely affirm that the statement made and information furnished by me in the application form and also in all the enclosures thereto submitted by me are true and correct. I have not kept any information secret. Should it however be found that any information furnished therein is false,, incorrect or untrue in material particulars, I realize that my selection or admission to the course is liable to be cancelled and I am liable to criminal prosecution. Further I also agree to forego my seat in the Training Institute unconditionally. If selected for training I am prepared to pay the fees in full and abide by the RULES and REGULATIONS of the Institution.

Signature of the Applicant

I have fully read the information furnished by my daughter / ward and affirm that it is true and if it is proved that the information was fraudulent, I am liable to be prosecuted.

Date :

Place :

Signature of Father / Guardian
(Guardian, if Father is not alive)

Note : No application will be entertained unless the declaration is signed by candidate and Parent / Guardian.
(Guardian,if Father is not alive)

DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION FOR

- | | |
|---------------------------------------|-------------------------------------|
| 1 S.S.C.or any equivalent examination | 2 Intermediate/10+2/HSE Certificate |
| 3 Migration Certificate | 4 Transfer Certificate |
| 5 SIX Recent Passport | 6 Caste Certificate |

FOR OFFICE USE ONLY

Original Certificate Submitted :

Original Certificate Due :

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Signature of the Candidate.

Signature of Officer**Secretary - S.G.E.S.**