



CIHSR

Christian Institute of Health Sciences & Research

Dimapur : Nagaland Application Form. 2020 - 2021

Post Basic B.Sc. Nursing

Please fill this in **BLOCK LETTERS**.

1. Name of Candidate (as in School Record)

2. Father's/Husband's Name

3. Email Address + Postal Address

PHOTO PASSPORT
SIZE (Do not Staple
or Pin)

4. Phone (STD Code):

5. Mobile :

6. Date of Birth (DD MM YYYY)

7. Gender

M/F

8. Marital Status*

Married / Single

9. Religion*

10. State of Domicile*

11. Nationality*

12. Is your Father/Husband/Guardian a govt. employee?

 Y N

13. Father's/Husband's/Guardian's Occupation

14. Academic Qualification:

Qualification	Board/University	Year of Passing	Percentage
High School (HSLC)			
Higher Secondary (HSSLC)			
Graduation/GNM/Others			

* Please enclose/scan and send all the documents mentioned above.

15. Work experience if any after completion of GNM.

Area of Work experience	Duration from	Worked Till	Institution

16. RN registration No.:

17. RM registration No.:

18. Name of the State Nursing Council _____

19. Are you a member of Trained Nurses Association of India? if yes provide registration no.:

20. Name of three references and Contact Details:

I. Principal of the nursing school/college attended _____

II. Nursing Superintendent of last Hospital worked in _____

III. Pastor / priest / religious head _____

IV. Name of the sponsoring body if any _____

I do solemnly affirm and declare that the information in this form is correct to the best of my knowledge and belief.

Place :

Date:

Signature:

21. Payment details Cash DD

Total Amount :

Bank:

Challan/DD No:

Place

Date:

(Enclosed original
Challan/DD)



CIHSR

CHRISTIAN INSTITUTE OF HEALTH SCIENCES & RESEARCH

Application Form 2020 - 2021

B.Sc. (Basic), GNM, B.Sc. (MLT), B.Sc. (HIM), B.Sc. (AOTT), DRT.



Please fill this form in BLOCK LETTERS only. Use codes mention overleaf for item with (*)

1. Name of Candidate (as in School Record)

2. Father's/Husband's Name

3. Postal Address:
+ Email Address

4. Phone (STD Code):

5. Mobile:

6. Date of Birth (DD/MM/YY)

7. GENDER

M / F

8. MARITAL STATUS

Married/Single

9. RELIGION

10. State of Domicile

11. Category :

Gen/SC/ST

12. Nationality

13. Is your Father/Husband/Guardian a Govt. Employee? (Yes / No)

14. Father's/Husband's/Guardian's occupation: _____

15. Academic Qualification:

Qualification	Board/University	Year of Passing	Percentage
High School (HSLC)			
Higher Secondary (HSSLC)			

*** Please enclose/Scan and send all the documents mentioned above.**

16. Name of three references and Contact Details:

1. Principal of the school/college attended _____

2. Senior member of community _____

3. Pastor/Priest/Religious Head _____

4. Name of the sponsoring body if any _____

17. Courses applied, for INDICATE CHOICE NO. below (eg. 1.2.3)

GNM	<input type="text"/>	DRT	<input type="text"/>	B.SC (Basic)	<input type="text"/>
B.Sc (MLT)	<input type="text"/>	B.Sc (HIM)	<input type="text"/>	B.Sc (AOTT)	<input type="text"/>

I do solemnly affirm and declare that the information in this form is correct to the best of my knowledge and belief.

Place :

Date :

Signature

18. Payment details: cash DD

Total Amount : _____ Bank : _____

Challan DD No. : _____ Place : _____

Date: _____

(enclosed original challan)



CIHSR

CHRISTIAN INSTITUTE OF HEALTH SCIENCES & RESEARCH

4th Mile, Dimapur, P.B. No. 31, P.O. ARTC. Nagaland-797115 Ph: 03862-242555 | <http://www.cihsr.in>

Hall Ticket No.: _____
(Not to be filled by candidate)

HALL TICKET for ENTRANCE TEST 2020 - 2021

Tick below course (s) applied for with Choice number:

 GNM DRT B.Sc (MLT) B.Sc (Basic) B.Sc (HIM) B.S.c (Post Basic) B.Sc (AOTT)

Paste photo here

Name: _____

Candidate's Signature: _____

For Office Use (Do not write below) _____

Venue : College of Nursing / STRC / Administrative Conference Hall

Reporting time at Venue : _____

Date of Examination: Kindly check Prospectus for all important dates

(This hall Ticket should be produced for admission to the Examination Hall)

Signature & Seal of Issuing Authority