**King George’s Medical University U.P., Lucknow**

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| --- | --- | --- | --- | --- | --- |
| **Roll No.** |  |  |  |  |  |

***(To be filled by the Office)***

**Application Form**

**(Read information brochure carefully before filling the form)**

Clear Passport size photograph (Full front face, no cap, hat or dark glasses)

Self attested

Application for Entrance Examination

For Admission to Diploma in Psychiatric/Mental Health Nursing

For Session 2013

(Incomplete application will not be entertained)

1. Name of Candidate : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Father’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Sex : Male Female
4. Date of Birth : Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Month \_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_\_
5. Category : General OBC SC ST

1. Mailing Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Permanent Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Contact Phone No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Mobile)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. E-mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. Educational Qualifications:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Examination*** | ***Subject*** | ***Name of Institute*** | ***Year*** | ***% Marks*** |
| High School |  |  |  |  |
| Intermediate |  |  |  |  |
| Graduation  |  |  |  |  |
| R.N. & R.M/GNM. |  |  |  |  |

1. List of publications if any (please attach a photocopy of best publications):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.N. | Title of paper | Name of the journal | Volume | Year of publication |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

1. Professional/Employment Record (if any, in chronological order);

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.N. | Type of Employment | Name of Institution | Period | Nature of Duties |
|  |  |  |  |  |
|  |  |  |  |  |

1. Are you in Service Yes/No

If yes, name of employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Whether permission of Employer enclosed Yes/No

**Declaration**

I hereby declare that the particulars given in this application form are correct. If any relevant information is found to be concealed or incorrect my candidature/ admission may be cancelled.

Date and Place Signature of the Candidate

**For Candidate in Service**

 I/We have no objection if Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ employed as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ appears in the Entrance Examination (Session 2012) for admission to Diploma in Psychiatric/Mental Health Nursing course in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If selected, he/she will be sanctioned leave for at least 1 years and will be relieved in time for joining the course.

Date and Place Signature & Seal of Employer

**To be filled by the Candidate:**

***Application Fee:*** Kindly submit a draft of Rs. 1500/- (Rupees One Thousand and Five Hundred Only) in favour of “Controller of Examination, K.G. Medical University, U.P.” payable at Lucknow

Amount: Rs. 1500/- (Rupees One Thousand and Five Hundred Only)

Draft Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_ Bank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Enclosures:***

1. Draft of Rs. 1500/- (Rupees One Thousand and Five Hundred Only) in favour of “Controller of Examination, K.G. Medical University, U.P.” payable at Lucknow. **Yes** **No**
2. Attested Copies of certificates/Mark Sheets of Educational

 Qualification **Yes** **No**

1. Attested copy of High School Certificate for the proof of Date

 of Birth **Yes** **No**

1. Attested copy of Caste Certificate (If applicable) **Yes** **No**

**Important Dates:**

* ***Last date of submission of Completed Application forms 30th November, 2013***
* ***The written examination will be held on 10th December, 2013***
* ***Interview will start at 10:00AM on 17th December, 2013***

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| **Roll No.** |  |  |  |  |  |

***(To be filled by the Office)***

**King George’s Medical University U.P., Lucknow**

 **[Diploma in Psychiatric/Mental Health Nursing Entrance – 2013]**

**Verification Sheet**

Clear Passport size photograph (Full front face, no cap, hat or dark glasses)

 Self attested

(To be filled in by the candidate)

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(From which the candidate has passed R.N. & R.M/GNM.)

1. Signature of the Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Controller of Examinations**

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| **Roll No.** |  |  |  |  |  |

***(To be filled by the Office)***

**K.G. Medical University U.P., Lucknow**

**[Diploma in Psychiatric/Mental Health Nursing Entrance – 2013]**

**Admit Card**

Clear Passport size photograph (Full front face, no cap, hat or dark glasses)

Self attested

(To be filled in by the candidate)

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(From which the candidate has passed R.N. & R.M/GNM.)

1. Signature of the Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Controller of Examinations**

**Important:**

* 1. Diploma in Psychiatric/Mental Health Nursing Entrance Written Examination will be held on 10th December, 2013 in ***Examination hall, Administrative Block, K.G. Medical University U.P., Lucknow***.
	2. Please report 20 minutes before the time of examination.
	3. Please be seated 10 minutes before the time of Examination.