

EDUCATIONAL INFORMATION:**➤ Academic Qualification:**

Academic Qualification	Year of Passing	Total Marks	Marks Obtained	%	Name of Institute	Board/ University	Major Subjects
Matriculation							
H Sc. (Part II)							
B.A/BSc./B.Com							
Others							

➤ Professional Qualification:(For Nurse Midwives)

Professional Qualification	Year of Passing	Total Marks	Obtained Marks	Division / Grade	Name of Institute	Board/ University	Major Subjects
General Nursing							
Others							

WORK EXPERIENCE: (If applicable)

Note: Provide the last 3 years starting from the latest.

#	Name of Organization	Designation	Department	Date of Employment		Total Experience		
				To	From	Year	Month	Day
1								
2								
3								

Note: It is mandatory to submit the verified work experience certificate.

Declaration:

It is to certify that the above-mentioned information is true and correct. If any content or document found incorrect or false any action against me may be taken (i.e. revoke my admission or termination or training any time).

Signature of candidate

Signature of Parents/Guardian

