Email: principalgssn@gmail.com
Website: www.gangasheelschoolofnursing.com
Contact No- 9389723945,93590-64697

GANGA SHEEL SCHOOL OF NURSING

(Campus:- Manpuria Janki Prasad, Bisalpur Road, Bareilly- U.P.)- 243123
(City Office: A-3, Rampur Garden, Opp. Gandhi Udyaan), Bareilly (U.P.)
Recognised by Indian Nursing Council, Affiliated by UPSMF, Lucknow (UP)/Atal Bihari Vajpayee Medical University, Lucknow (UP), M.J.P. Rohilkhand University, Bareilly (UP)

Sl. No

REGISTRATION FORM

SESSION 20__ - **Registration No.:**

Please fill all detail in CAPITAL letters

Passport Size Photograph With self-attested

Tick the box for the course which you want to apply:-

M.Sc. Nursing ☐ **Specialist** ☐ **MSN** ☐ **CHN** ☐ **OBG** ☐ **PAED** ☐ **MHN**

B.Sc. Nursing ☐ **Post Basic Nursing** ☐ **GNM** ☐ **ANM** ☐

1. Name of Candidate:

2. Gender (Tick) **M** ☐ **F** ☐

3. Date of Birth **Date** **MM** **Year**

Aadhar No.

4. Category **GEN** ☐ **SC** ☐ **ST** ☐ **OBC** ☐

5. Year of Qualifying Examination (10+2)

6. Minimum the (subject Stream) offered in 10+2: Science Bio Maths **Arts** ☐ **English** ☐ **Other** ☐

7. Father's Name:

Occupation _____ **Income** _____ **Aadhar Number** _____

8. Mother's Name

Occupation _____ **Income** _____ **Aadhar Number** _____

9. Present Correspondence Address:

..... **PIN CODE**

10. Contact Details: Mob. No 1 **Mob. No 2**

Land Line No. with STD Code

E-mail ID

Signature of the Candidate **Signature of Guardian** **Signature of Admission Incharge** **Signature of Principal**