



EBEN-EZER SCHOOL OF NURSING

No. 19, Eben-Ezer Nagar, Gubbi Cross, Kothanur Post
Bangalore - 560 077 Tel : (080) - 28444201, 28445678

Application for Diploma in General Nursing & Midwifery / Psychiatric Nursing

(To be filled in **BLOCK** Letters in the candidates own handwriting)

Male Female

No. :

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING THIS FORM									
1. Write all informations clearly									
2. Use CAPITAL LETTERS only									
3. Write One Letter or Number in each space, starting at the left of each box									
4. Use all the spaces when noting the Date of Birth (write in Day/Month/Year sequence). For ex: March 8, 1940 is indicated	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">0</td> </tr> </table>	0	8	0	3	1	9	4	0
0	8	0	3	1	9	4	0		
5. For the mailing address, skip a space between the house number and the street name.									

Name in Full :

Date :

1. PERSONAL IDENTIFICATION	
FIRST NAME	
SURNAME	
DATE OF BIRTH	
DD	MM
YYYY	
2. FATHER'S NAME	
Occupation	
Income	
3. MOTHER'S NAME	
Occupation	
Income	
4. PLACE & STATE OF BIRTH	
Place	
State	
5. RELIGION & MOTHER TONGUE	
Religion	
Mother Tongue	
6. OTHER LANGUAGES KNOWN TO SPEAK & WRITE	
7. HOBBIES	

