



ALAY FATIMA HAI COLLEGE OF NURSING

Paras HMRI Hospital Campus, Bailey Road, Raja Bazar, Patna - 14

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Application for the post of _____

1. Full Name (BLOCK LETTERS): _____

2. Father's/Husband's Name: _____

3. Mother's Name: _____

4. DOB: _____ 5. Age: _____ 6. Sex: _____

Recent Passport
Size
Photograph

7. Address: Mailing Address: _____

Permanent Address: _____

8. Contact No. _____ 9. Email ID _____

10. Category: SC/ST/OBC/UR _____ 11. State of Domicile: _____

12. Nationality: _____ 13. Religion: _____

14. Registration No. with the Nursing Council: _____

15. State in which registered: _____

16. Educational Qualification:

Sl. No.	Examination Passed	Month & Year of Passing	College/School	University/Board
1.	M.Sc (Nursing)			
2.	B.Sc (Nursing)/ P.B.B.Sc (Nursing)			
3.	12 th			
4.	10 th			

17. Experience: (From latest to oldest)

Sl. No	Post Held	Organization/Institution	Duration		Pay Scale	Experience		
			From	To		Years	Months	Days
1.								
2.								
3.								
4.								
5.								
Total								

18. Publication Details:

Publication	Indexed	Non Indexed	Presented at Conferences	Title/Topic
International				
National				
Total				

19. Honours /Awards Details:

Honours/Awards	Name of Honour /Award	Honour/Awarded by	Year of Honour/Award
International			
National			

20. Declaration by the candidate

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I understand that my candidature is liable to be rejected in the event of any mis-statement/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons.

Date:

Signature of the candidate

Place: