



BANARAS HINDU UNIVERSITY  
PMR UNIT, DEPT. OF ORTHOPAEDICS  
INSTITUTE OF MEDICAL SCIENCES



APPLICATION FORM

Post applied for :

Name (In Block Letters) :

Present Designation :

Date of Birth (dd/mm/yyyy) :

Gender (Male/ Female) :

Father's Name/ Husband's Name :

Mother's Name :

Marital Status :

Nationality :

Category (Gen/OBC/ SC/ ST) :

Address for Correspondence :

Mobile No. (mandatory) :

Telephone No. :

E-mail Address (mandatory) :

Permanent Address :

Distinction/ Prizes/ Awards/ Medals/ Honors etc.:

*[Handwritten signature]*

**Academic Qualifications:**

Examination Passed	Board/ University	Year of Passing	Percentage of Marks Obtained	Division/ Grade/ Merit
10 <sup>th</sup> / High school or Equivalent				
12 <sup>th</sup> / Intermediate or Equivalent				
B.Sc. Nursing/ GNM or Equivalent				
M.Sc. Nursing or Equivalent				
Special training in Newborn Care, for example FBNC Training				

**Appointments held or Experience, if any:**

Designation	Name of Employer/ Institution	Date of		Salary (Grade pay/ Consolidated)	Nature of Duties	Reason for leaving
		Joining	Leaving			

**Additional Information, if any:**

Details of D.D. :-

**Declaration:** I declare that:

1. The information given above is complete and correct.
2. I have never been dismissed from service nor debarred from holding any future appointment or convicted for any offense. No criminal case is pending against me.
3. In case of concealment/suppression of facts(s), which may be detected at any stage in future, my appointment is liable to be cancelled/ terminated, as the case maybe, without notice.

Date : \_\_\_\_\_

Signature of the Applicant : \_\_\_\_\_