

APPLICATION FORM
BRIDGE PROGRAMME IN COMMUNITY HEALTH
NATIONAL HEALTH MISSION, PUNJAB

1. Name of Candidate _____
2. Parentage _____
3. Date of Birth _____
4. Permanent Address _____
5. E-mail/ Contact No. _____
6. Details of Qualification: (year wise)



Examination Passed	Board/ University	year of passing	Marks obtained	Total Marks	%age

7. Council Registration No. (a). RN _____ (b). RM _____
8. Name of Nursing Council _____
9. Whether in Govt. Service (Contractual/ Regular)/ Fresh Candidate _____
10. Experience:-
 Duration _____ years _____ Months
11. I do hereby declare that
 - I. The statement in this application is true to the best of my knowledge and belief.
 - II. I have never been debarred from appearing at any examination/ interview.
 - III. I have never been prosecuted or involved in any criminal case registered by the police or convicted by the criminal court.
 - IV. I shall accept the selection made by the selection committee, which will be binding on me.

I undertake that any wilful concealment of the facts shall result in the cancellation of my candidature and may also result in debarring me from applying for future selection.

Date:

Signature of applicant