

PUNJAB MEDICAL INSTITUTE OF NURSING

& HOSPITAL (Trust) ESTD 1989

(Institute Recognized /Affiliated P.N.R.C. Chandigarh & I.N.C. New Delhi) C/O GURUDWARA SAHIB BHAI BUDHA SINGH JI G.T. ROAD. SURANUSSI. JALANDHAR-27

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For more information- SMS "pmg" to 56070 **Passport Size** Reg.No:-.... Photo Sir, your Academy and submitting my Bio-Data as follows:-1. Name of the applicant (in block letters) 2. Applicants Fathers Name 3. Full Permanent address 4. Correspondence address Tel. No-(R) (M) 5. Bank Draft No Date. 6. Date of Birth-Year Date Month 7. Passport No-8. Martial Status 9. Fathers Occupation

10. Educational Qualification:-

S.No.	Exam. Passed	Board/University	Year	Marks Obtained	%age
1.	10 th				
2.	10+2				
3.	Others				

DECLARATION

I declare that I have duly filled in the form myself and the information submitted by me is correct as per enclosures. If any information I have submitted false for seeking admission, I or that any fraudulent means have used by me for seeking the admission, I shall be liable for any disciplinary action and the institution authorities shall have all rights to take any action against me. I further declare that I shall strictly abide by the rules & regulations of the Institute & adhere to the Declaration form duly signed by me and my parents

NOTE: - I AND MY PARENTS KNOWS THAT ANY FEE PAID IS NON-REFUNDABLE. & IF ANY MOBILE IS FOUND WILL NOT BE RETURNED & WILL BE FINED

Date		
Place		Full signature of applicant
	Full signature of Father/Guardian	
Selected/Rejected		
Date		Signature of Director (PMINH)