

HOLY SPIRIT INSTITUTE OF NURSING EDUCATION
HOLY SPIRIT HOSPITAL

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Website: www.holyspiritcollegeofnursing.org

Form No. _____

To affix
passport size
photograph here

APPLICATION FORM FOR ADMISSION
General Nursing and Midwifery Course

1. Candidate's Name Ms. _____
(In block letters as indicated in College/School records)
2. Date of Birth _____ Place of Birth _____
3. Father's Name _____ Qualification _____ Occupation _____
4. Mother's Name _____ Qualification _____ Occupation _____
5. Address to which communication has to be sent (in block letters)
(with District, State, Pin code & Telephone No.)

Address of the Local Guardian (with District, State, Pin code & Telephone No.) (in block letter)

Permanent address (with District, State, Pin code & Telephone No.) (in block letter)

6. Marital Status _____ Mobile No _____
7. Religion _____ Caste _____
8. Mother Tongue _____ Email: _____
9. Aadhar Number: _____
10. Height in cms _____ Weight in kgs _____

11. General Educational Qualification

Examination Passed	Medium	Year & Month of Passing	Percentage of marks	Number of attempt	Subjects
10 th Std					
12 th Std					
Any Other					

12. Reference: (Two references from Person in responsible position who are not your relatives)

Names	Position (Principal, Headmaster Parish Priest etc.)	Address

13. Attach Xerox attested copies of the following and make tick mark against it.

- 10th Standard Marksheet and Board Passing Certificate
- 12th Standard Marksheet and Board Passing Certificate
- College Leaving / Transfer Certificate
- Birth certificate
- Caste Certificate
- Migration Certificate (Students from other than Maharashtra State Board)
- Aadhar Card

DECLARATION

I hereby declare that the information furnished above are true and correct to best of my knowledge and belief.

If selected, I hereby agree to abide by the rules and regulations of the Institution, which are in force from time to time.

(Name of the applicant)

Date: _____

Place: _____

(Signature of Applicant)

(Name of the Parent / Guardian)

Date: _____

Place: _____

(Signature of Parent / Guardian)