

Prescribed Application Form

POST APPLIED FOR _____

Advertisement No APRHM/2020/41

Dated Nlg 16th July 2020

Paste recent
Passport Size
Photograph

1. Name in Full (IN CAPITAL LETTERS) :
2. Father's / Husband's Name :
3. Mother's Name :
4. Date of Birth (DD/MM/YYYY):
5. Education Qualification:
6. Category: APST/Non -APST:
7. Nationality :
8. Sex :
9. Permanent Residential Address :
.....
10. Mob. No E-mail ID (if any)
11. **Present Address for correspondence:**
.....
12. Current Employment Details (If Any) :
13. Professional Qualification:
14. APNC Registration / NOC No & date.....

DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION

1. Application form will be accepted only when it enclosed with Xerox copy of:-
 - Class X and XII pass certificate. (Xerox copy self attested)
 - Mark sheet of all the year (Xerox copy Self Attested)
 - Course completion certificate from school /institute. (Xerox copy self-attested)
 - Registration certificate of Arunachal Pradesh Nursing Council (Xerox copy self-attested)
 - ST Certificate (Xerox copy self -attested)
 - PRC Certificate (Xerox copy self-attested)
 - Degree Certificate (xerox)
2. Two recent passport size photograph in uniform and Name at the backside

NB: All documents mentioned above are mandatory.

DECLARATION

I do hereby declare that the statement in this application is true to the best of my knowledge and belief. In the event of any information found false or incorrect action can be taken against me as per rule.

Date: -

Place: -

(Signature with Name)