

DOCUMENTS TO BE ATTACHED:

Required Document	Yes/No
Proof of admission letter/call letter issued by the institute. -----OR-----	
Annexure I-with institutes preference where student is seeking admission	
Annexure II- letter from colony leader stating the candidate is residing in the colony	
03 Passport size photographs	
Self attested Birth certificate/ proof of age	
Self attested Mark sheets for 10 th & 12 th	
Self attested Leprosy Certificate of Self/ parent/s	

For Office Use Only

Whether application is recommended by State Leader	Yes/No	Signature State Leader

APPLICATION FORM
Nursing Scholarship for girls - 2020-21

1. Applicant's Name *(In Block Letters)*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Father's Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Mother's Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Domicile State *(State to which the student belongs to)*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. Correspondence address

6. Email Id :

Pin code																			
Contact no. (Self)*																			
Contact no. (Father)*																			
Contact no. (Colony Leader)*																			

* *Contact numbers are mandatory*

7. Date of Birth *(Please Enclose Age Proof)*

D	D		M	M		Y	Y	Y	Y

8. Who is affected by Leprosy (put ✓)

Self	
Father	
Mother	

9. Whether family has a BPL Card (put ✓)

Yes	
No	

10. Details of Educational Qualification: 10th & 12th *(Please Enclose Certificates)*

Examination Passed	University/ Board/Council	Main Subjects	Year of Passing	Percentage	Division	Type of institute (Pvt or Govt.)
10 th						
12 th						

11. Name of the course you have been selected for. *(Attach admission letter/Call letter)*

else, fill the Annexure-I

Name of the course	
Name of the institute	
Address of the institute	
Whether recognised by Indian Nursing Council (Yes/No)	

12. Kindly mention the Name/s of your sibling/s who has got scholarship in the past.
(if no, leave it blank).

Name	Course	Selection year

I..... (Name of the Applicant) hereby declare that to the best of my knowledge the above information furnished by me is true and I understand that if at any stage, it is found that the information provided by me is false/ not true, all the benefits given to me under "Nursing Scholarship for girls" could be withdrawn.

Date:

Signature:

ANNEXURE I

I..... daughter of.....residing in.....colony, want to pursue B.Sc. in Nursing In academic year 2020-2021. I will be taking the following Entrance Examination for admission into B.Sc. in Nursing.

1. (Name & address of the institute)
2. (Name & address of the institute)
3. (Name & address of the institute)

ANNEXURE II

Declaration Form *(To be filled up by the Colony Leader)*

I..... (Name of the colony leader) hereby certify that Miss..... has been residing in this colony.....(Name of the Colony) and her parent/parents(Name of the parent/parents) is/are affected by leprosy.

I certify that, to the best of my knowledge, the information provided by the candidate is true. I recommend her for Nursing Scholarship for girls Programme.

Date:

Signature: