*Guidelines*

**JORHAT CHRISTIAN MEDICAL CENTRE**

**SCHOOL OF NURSING**

**P.O. BORBHETA, JORHAT-785004, ASSAM**

**Important Note:**

1. Last Date for Submission of Filled Application Forms is 12th August 2023.
2. The Candidates are expected to the make the payment Rs. 600 (Rupees Six Hundred only) towards the Prospect Fee, preferable through the online Link provided below and send the Proof of payment along with the filled up application.
3. Applications without proper proof of payment will not be accepted.
4. Accepted application will be processed only after the verification of the Amount Credited with reference to the truncation details.
5. Online link

**Our Bank Account Details are as follows:**

**ACCOUNT NAME: JORHAT CHRISTIAN MEDICAL CENTRE SCHOOL OF NURSING**

**BANK NAME: PUNJAB NATIONAL BANK**

**ACCOUNT NO: 1390010220156**

**IFSC CODE: PUNB0139020**

**BRANCH: JAIL ROAD**

**Eligibility Criteria**

1. Age: 17 to 35 years.
2. Education Qualification : Class 12 pass with English subject and must have obtained minimum 40% at the qualifying examination and English individually from any recognized Board (CBSE/ICSE/NIOS/AHSEC).\* Science student are preferred

**To ways to submit the filled Application:**

**First Preference by E-Mail to :** **jcmcson1934@gmail.com**

**Second Preference by Post to: The Principal**

 **School of Nursing**

 **Jorhat Christian Medical Centre**

 **Jail Road, Borbheta, Jorhat-785004**

 **Assam.**

***Mandatory Documents***

***The following documents (Xerox copies) must be submitted with this form:***

1. Class 10 admit card
2. Class 10 mark sheet
3. Class 10 pass certificate
4. Class 12 mark sheet
5. Class 12 pass certificate
6. Baptism certificate and recommendation letter from Pastor of the church in which the candidate

is a member (For Christian Candidates)

1. Recommendation letter from the Principal or Head of the school studied for Class 10 or Class 12

(For Non-Christian candidates).

1. Hepatitis B Vaccine Certificate (if vaccine was already taken).
2. Proof of Payment for prospectus fee

**To ways to submit the filled Application:**

**First Preference by E-Mail to :** **jcmcson1934@gmail.com**

**Second Preference by Post to: The Principal**

 **School of Nursing**

 **Jorhat Christian Medical Centre**

 **Jail Road, Borbheta, Jorhat-785004**

 **Assam.**

For office use only:

Application Form received on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Application Page No. 1*

**APPLICATION NO:**

**JORHAT CHRISTIAN MEDICAL CENTRE**

**SCHOOL OF NURSING**

**P.O. BORBHETA, JORHAT-785004, ASSAM.**

**APPLICATION FORM**

(To be filled in CAPITAL letters in the candidate’s own handwriting)

**TO BE SUBMITTED BY 12th August 2023**

Attach a recent passport size photograph in colour

1. Name of the Applicant : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Present Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Permanent Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Contact Number(s) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Email address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date of birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Sex : Male Female
5. Marital status : Unmarried Married Other
6. Nationality : Indian Other Specify \_\_\_\_\_\_\_\_
7. State of Domicile : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Community/ Tribe : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Religion : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. If Christian, is your church affiliated to CBCNEI: Yes No if yes, specify the Convention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Application Page No. 2*

1. Languages known : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Father’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Mother’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Educational Qualification:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of School /College with Address** | **Examination Passed** | **Stream** | **Board** | **Year of passing** | **Percentage of marks obtained** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Are you an Auxiliary Nurse Midwife (ANM)? Yes No , if yes, state the following:
	1. Registration Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. State Nursing Council in which registered : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_