



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 31st July 2020.
2. The Candidates are expected to make the payment Rs. 500 (Rupees Five Hundred Only) towards the Prospectus Fee 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 applications will be processed only after the verification of the Amount Credited with reference to the transaction details.

Our Bank Account Details are as follows:

ACCOUNT NAME: **UNITED BANK OF INDIA**
ACCOUNT NO: **1390010220156**
IFSC CODE: **UTBIOJRJH30**

Eligibility Criteria:

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

Two ways to submit the filled Application:

First Preference by E-Mail to: **jcmcon1934@gmail.com**

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

**School of Nursing
Jorhat Christian Medical Centre
Jail Road, Borbheta
Jorhat - 785 004
Assam.**

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)
7. Recommendation letter from the Principal or Head of the school studied for Class 10 or Class 12 (For Non-Christian candidates)
8. Hepatitis B Vaccine Certificate (if vaccine was already taken)
9. Proof of Payment for Prospectus Fee



**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 31ST JULY 2020)

Attach a recent
Passport size
photograph in
colour

1. Name of the applicant : _____

2. Present Address : _____

3. Permanent Address : _____

4. Contact Number(s) : _____
5. Email address : _____
6. Date of birth : _____
7. Sex : Male Female
8. Marital status : Unmarried Married Other
9. Nationality : Indian Other specify _____
10. State of Domicile : _____
11. Community/ Tribe : _____
12. Religion : _____
13. If Christian, is your church affiliated to CBCNEI: Yes No if
Yes, specify the Convention: _____
14. Language known : _____
15. Father's Name : _____ Occupation: _____
16. Mother's Name : _____ Occupation: _____

17. Educational Qualification:

Name of School/College with address	Examination Passed	Stream	Board	Year of passing	Percentage of marks obtained

18. Are you an Auxiliary Nurse Midwife (ANM)? Yes No , if yes,

State the following:

- a. Registration Number : _____
- b. State Nursing Council in which registered: _____

Date: _____

Signature of the Candidate: _____

<p>For office use only:</p> <p>Application form received on: _____</p> <p>Fee Payment Reference Details: _____</p> <p>Remarks:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
--