

18. Pro-forma of application:**Application for Admission to the ANM(R) Course for the Session : 2016-2018**

(Applied forDistrict)

To
The Principal,
Dr. H.C.M. Memorial Health School,
P.O. Singur, Dist- Hooghly,
PIN- 712409

Enrolment No.....
(To be filled in by the receiving institution)

Affix here
self signed
recent colour
passport size
photograph

Madam,

I would like to apply for admission to ANM (R) Training Course for ensuing Session 2016 - 2018.
In this connection the requisite particulars and documents are given below:

1. Name (In block letters) :
2. Father's Name :
3. Husband's/ Guardian's Name :
4. Present Address(With Pin Code) & Phone No. :
5. Permanent Address (With Pin Code) :
6. The name of the Gram Panchayet/ Panchayet :
Samity where the Candidate resides
7. Date of Birth :
8. Age (As on 01.01.2016) :
9. Educational Qualification :
10. Details of Higher Secondary or Equivalent :
Examination.

Name & Address of the School	Name of the Council/ Board	Roll No. (mentioned in Admit Card)	Year of Passing	Total Marks (Aggregate) [Excepting Environmental Education]	Total Marks obtained in [Languages (out of which Eng. must be one) + 3 Elective subjects (best three except Environmental Education)]	Percentage of marks of column (f) subjects
a	b	c	d	e	f	g

(4)

11. Whether belong to SC/ST/OBC(A)/OBC(B) Category : Yes/No [please (√) wherever applicable](If yes, detailed statement and documents in support of the statement)
12. Whether an inmate of the Destitute Home/Orphanage recognized by the Govt. of West Bengal : Yes/No [please (√) wherever applicable] (If yes, details of statement)

Name & Address of Home & Registration No.	Number & date of the order for her inclusion	Period of inmateship	Specific statement of her if transferred from one home to other during last 5 years	Name of the father/mother/local guardian and address before her inmateship	Whether applied other than in Orphanage Quota in this session, if yes, mention in details
a	b	c	d	e	f

13. Whether undergone Civil Defence Volunteers Training : Yes/No [please (√) wherever applicable] (If yes, detailed particulars)

Name & Address of the Training Centre	Year & period of Training	Sl. No. of certificate to the effect of Training	Name & Designation of the Officer issued certificate	Whether already engaged anywhere by virtue of Training, If so details	Whether applied other than in C.D. Quota in for this session, if yes, mention in details
a	b	c	d	e	f

14. Marital Status (Strike out which are not applicable) : Unmarried/ married/ widow/ Divorcee or legally separated

15. I hereby declare that the above mentioned particulars furnished by me are true to the best of my knowledge and belief. I am able to read, write and speak in Bengali/ Nepali.

Yours faithfully,

Date:

Place:

Signature of the Applicant.

Phone No.

Residential Certificate to be issued by the competent authority in the following Pro-forma:
(Applicable to the candidate of all categories).

I hereby certify that I personally know Smt./Miss
D/o.....She is a citizen of India and has been
residing inGram Panchayet under
Panchayet Samity ofDistrict in West Bengal for at least
five years till date. Her present address is
.....

Place :

Date :

Signature of Competent Authority
with Office seal and date