

Prescribed Application Form

POST APPLIED FOR _____

Advertisement No TRIHMS/Estt-18/2018

Dated Nilg 22nd June 2020

1. Name in Full (Capital).....
2. Father's / Husband's Name
3. Mother's Name.....
4. Date of Birth 5.Ed. Qualification
6. Category: Non -APST APST..... 7. Nationality:
8. Sex:..... 9. Permanent Residential Address:.....
.....
10. Mob. No E-mail ID (if any
11. Present Resident address:
.....
.....
12. Present Employment Details:
- 13.Pro. qualification. 14. APNC Registration /NOC
date.....

INSTRUCTION FOR THE APPLICANTS

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)
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)