

REGISTRATION No.

(To be filled in by office)

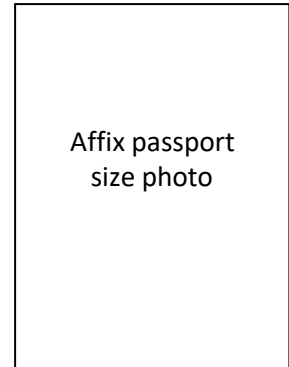


APPLICATION No.

**THE GANDHIGRAM INSTITUTE OF RURAL HEALTH AND FAMILY WELFARE TRUST
SOUNDRAM NAGAR, GANDHIGRAM (PO), DINDIGUL DISTRICT - 624 302**

**APPLICATION FOR ADMISSION TO
HEALTH VISITORS COURSE (PROMOTIONAL TRAINING FOR ANM/MPHW-F)
(SIX MONTHS, 2024-25)**

Note: All entries should be typed or handwritten in Block Letters



1. Name : _____
2. Sex : Male Female
 HeightCms WeightKgs
3. Father's name : _____
4. Nationality : _____
 Religion : _____
 Caste : _____
5. Date of birth : Date Month Year
6. Name, occupation and address of :
 father/husband/guardian in full
7. Annual income of Father/ :
 Husband/Guardian/Candidate
8. Marital status (married/single/ :
 separated/widow/divorcee)
9. Mother tongue : _____
 Other languages known : 1. Speak Read Write
 2. Speak Read Write
 3. Speak Read Write
10. Address for communication:

Phone/Mobile No.

11. Educational qualification:

Name of the Institution/ School studied	Certificate/Diploma/ Degree obtained	Year of Passing	Name of the Board/ University	% of marks

12. Employment details starting with your present or most recent post, if any
(support it with attested service certificates)

Designation of the post held	Period		Name of the Employer with address	Total years of experience
	From	To		

13. Registration with Tamil Nadu Nurses & : RN No.
Midwives Council RM No.

14. Details of enclosures :

- 10th Std (or) +2 (or) Equivalent
- ANM/MPHW certificate
- Tamil Nadu Nurses & Midwives Council registration certificate
- Transfer Certificate
- Passport size photo – 1

DECLARATION

I certify that the particulars furnished by me in this application form are true, complete and correct.

Date:

Signature of the applicant

Place:

Forwarding Officer's recommendations & remarks: