

Form No.....

Registration No.....

**LEIRIK INSTITUTE OF NURSING**

Airport Road Sangaiprou, Imphal

Two Passport Size  
Photograph

Application form for admission to GNM Course .....

1. Name (BLOCK Letters)

[illegible]

2. Father's /Guardian's Name:

[illegible]

Occupation:

[illegible]

3. Mother's Name:

[illegible]

Occupation:

[illegible]

4. Local Guardian's Name:

[illegible]

Address:

[illegible]

5. Present Address:

[illegible]

6. Permanent Address:

[illegible]

7. Mobile Number: ..... 8. Whatsapp Number: .....

9. Gender: Male/Female ..... 10. E-mail:..... 11. Aadhaar Number: .....

12. Date of Birth .....13. Nationality.....14. State of Domicile.....

15. Category Gen./SC/ST/OBC ..... Blood Group .....

(to be specified and supported with certificate from the competent Authority)

16. Qualification (Attested supporting documents are to be submitted along with the application form)

Examination passed	Name of Board	Year of passing	Class/ Division	Aggregate	% of Marks	Subject offered & Paper
HSLC/ Equivalent						
10+2/ Equivalent						
ANM						-

Strike off which is not application

16. Annual Income of the parent/guardian Rs.....

### DECLARATION BY THE APPLICANT

I declare that information furnished by me in the application form are true in all respects and in case entry or information or documents are found to be false, this entail automatic cancellation of my admission besides rendering me liable to such action as the School/Council may deem proper.

I note that my admission to the Institute and my continuance on its rolls are subject to the provisions of the MNC rules and regulations which may be issued from time to time. I shall abide by the rules of discipline and proper conduct which may be framed in this regard.

Place & Date: .....

Signature of the Applicant

### INSTRUCTION FOR FORM SUBMISSION

1. Candidates should fill up the download form with candidate's own handwriting. Paste Passport size photograph in the space provided.
2. Candidates have to pay a sum of Rs. **500/-** as application fee to the  
Account No.: 1018010440325  
Account Name: LEIRIK INSTITUTE OF NURSING, SANGAIPROU.  
Branch: PUNJAB NATIONAL BANK, A.T. LINES IMPHAL BRANCH  
IFSC Code: PUNB0106700  
Screen shot / Receipt/ Transaction Receipt should be submitted along with the Application form.  
Candidates should see the following to make a single pdf file:
  - i. Duly filled up Application form.
  - ii. Screen shot/Receipt/ Transaction Receipt of application fee
  - iii. SC/ST/OBC Document
  - iv. Certificate & Mark sheets of X<sup>th</sup>, XII<sup>th</sup>, ANM
  - v. Candidates are informed to keep the hard copies of submitted application form & relevant documents and to be produced when it is required.
  - v. Residential Certificate

*For further details please contact:*    **8837372818**