Hemangini Nursing College - Application Form (2026-27)

Main Road, At/Post/Via: Itamati, Dist: Nayagarh, Odisha - 752068 | Email: jyotishyamwelfare@gmail.com

Programme Applied For (Tick One)

[ ] GNM - General Nursing & Midwifery (3 Years) [ ] ANM - Auxiliary Nurse Midwifery (2 Years)

Applicant Personal & Academic Details (Write in BLOCK LETTERS)

1. Full Name: _____

2. Father / Guardian: _____

3. Date of Birth & Age: ____ / ____ / _____ Gender: [ ] Female [ ] Male

4. Category: [ ] General [ ] SC [ ] ST [ ] SEBC/OBC [ ] EWS

5. Mobile / WhatsApp: _____ Email: _____

6. Permanent Address: _____

District / PIN: _____ PIN: _____

7. Class 10th Board/%: Board: _____ Year: _____ % Marks: _____

8. Class 12th (10+2): Stream: _____ Year: _____ % Marks: _____

9. Hostel Required?: [ ] Yes, Residential Hostel [ ] No, Day Scholar

Documents Required During Verification (Originals + 2 Copies)

- 10th & 12th Marksheets & Certificates, CLC/SLC, Aadhaar Card, Medical Fitness Certificate, Caste/Income Certificate (if applicable), and 6 recent passport-size photographs.

Applicant Signature: _____ Date: ____ / ____ / 2026

Office / Principal: Verified By: _____ Roll/App No: _____