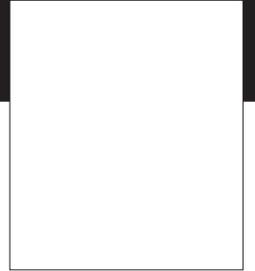


# IDEAL ACADEMY OF NURSING EDUCATION

(A Unit of Alam Hospital & Research Centre)  
 Recognized by Jharkhand Govt.  
 Affiliated by INC, JNRC, Ranchi University



## APPLICATION FORM

Regn. No.....

Sl. No.....

Select the Course ANM  GNM  BASIC B.Sc. (N)  M.Sc. (N)

Name of Applicant (As per Matriculation Record)

Father's Name

Mother's Name

Name of Local Guardian (if any)

Current Address:

Permanent Address:

Date of Birth (As per Matriculation Record)

Category GEN  OBC  SC  ST

Sex MALE  FEMALE  TRANS GENDER

Religion

Nationality

Applicant's Telephone No.:

Father's Telephone No.:

Applicant's E-mail ID:

Guardian's E-mail ID:

### Educational Qualification

Name of Examination Passed/appeared	School/ College/ Institution	Year of Passing	Board/ University	Subjects	Total Marks obtained (out of)	Percentage/ Division

Payment Status: Cash  Bank  Cheque  DD

**Campus Address:** Daladali, Ranchi - 835222 • Mob.: 7070991128, 7061915035, 9771838296  
 Email: [idealschoolofnursing@gmail.com](mailto:idealschoolofnursing@gmail.com) / [idealacademy209@gmail.com](mailto:idealacademy209@gmail.com)  
 Website: <http://idealacademy.co.in>

If any other qualification, attach documents : .....

**XEROX COPY REQUIRED (Do not attach originals):**

- Mark-Sheet- Matriculation  
Intermediate
- Physical Fitness Certificate
- Character Certificate (From the Head of the Institution fast attended)
- SLC/CLC/Transfer Certificate from the last institution
- Migration Certificate
- Identification Proof (Aadhar Card/Voter ID Card/ PAN Card/ Passport/ Driving License)
- Caste Certificate in case of SC/ST/OBC candidates)
- Certificate of specially (if applicable)

**DECLARATION BY THE CANDIDATE**

I hereby declare that I have filled this form myself and that all the information provided in this application form is true to the best of my knowledge.

I have read and understood the prospectus and I hereby undertake and abide by all the rules and regulations mentioned in the Prospectus of Ideal Academy of Nursing Education.

I also agree to follow the discipline of the school and promise not to indulge in any form of indiscipline that brings down the name of the institution and nursing profession.

Date: .....

Signature: .....

Signature of Parent/ Guardian: .....

Name and Address: .....  
.....

Relationship with Candidate: .....