## **PROFORMA**

## <u>Application Form for 2 Year ANM Training Course for the Academic Session 2021-22</u>

1. Name of the applicant (in capital letters)	
2. Father's Name	Affix attested recent photograph
3. Date of Birth (as per matriculation certificate)	
(Attested copy to be attached)	
4. Age as on 31.12.2021	
5. State of Bonafide /Domicile	
6. Address for Correspondence	
	<b></b>
7. Permanent Address	
	•••
8. Whatsapp Mobile Number and Email ID for contact:	•••
9. Percentage of marks in 10+2 examination: (Attested copy to be attached)	
Total Marks Marks Obtained (%age)	
10.10+2 Passed in (Tick) Group: (1) Medical (2) Non-Medical (3) Commerce (4)	4) Arts.
11.(i) Category (General/SC/ST/OBC) (Photocopy to be attached)	
(ii) Sub-Category (EWS, IRDP, Ex-Serviceman/Ward of Ex-Servicema	n, Physically
handicapped, Children/Grant Children of Freedom Fighter Certificate (is	sued by the
competent authorities Photocopy to be attached) 12.Character and Bonafide Certificate issued by the Tehsildar/Executive Magistr	rate ( <b>photocopy</b>
to be attached)	are (photocopy
13. Online Fee Submission (Through SBI Collect) attach the fee deposit	receipt with
application form.	
14. Marital status	
<del></del>	
I, the above named applicant do hereby certify that the above information	
best of my knowledge and no part of it is false & nothing has been concealed the further declared that for any kinds of wrong information etc, my candidature will be a concealed the further declared that for any kinds of wrong information etc, my candidature will be a concealed the further declared that for any kinds of wrong information etc, my candidature will be a concealed the further declared that for any kinds of wrong information etc, my candidature will be a concealed the further declared that for any kinds of wrong information etc, my candidature will be a concealed the further declared that for any kinds of wrong information etc, my candidature will be a concealed the c	
rejected straightway.	oc madic to be
Date: Signatu	re of Applicant

Place:

## FORM FOR DEPENDENT CERTIFICATE TO BE PRODUCED BY THE WARDS/WIDOWS OF DEFENCE PERSONNEL/ EX-SERVICEMEN WHO ARE BONAFIDE RESIDENTS OF HIMACHAL PRADESH

	that Kumari/MsD/o ShriofvillageP.O	
Tehsildaughter/wid		
No	Shri	
(Note: Struck	out whichever is not applicable.)	
Priority I:	Widows/Wards of Defence personnel killed in action	
Priority II:	Wards of disabled in action and boarded out from service.	
Priority III:	•	
•	attributable to military service.	
Priority IV:	Wards of disabled in service and boarded out with disability attributable to military service.	
Priority V:	Wards of Ex-Servicemen and serving personnel who are in receipt of Gallantry Awards:	
	(i) Param Vir Chakra	
	(ii) Ashok Chakra	
	(iii) Sarvottam Yudh Seva Medal	
	(iv) Maha Vir Chakra	
	(v) Kirti Chakra	
	(vi) Uttam Yudh Seva Medal	
	(vii) Vir Chakra	
	(viii) Shaurya Chakra	
	(ix) Yudh Seva Medal	
	(x) Sena, Nau Sena, Vayu Sena Medal	
	(xi) Mention-in-Despatches.	
Priority VI:	Wards of Ex-Servicemen.	
Priority VII:	Wives of:	
	(i) Defence personnel disabled in action and boarded out from service	
	(ii) Defence personnel disabled in service and boarded out with disability	
	attributable to military service.	
	(iii) Ex-Servicemen and serving personnel who are in receipt of Gallantry Awards.	
Priority VIII:	Wards of Serving Personnel.	
Priority IX:	Wives of Serving Personnel.	
Place	Signature of Deputy Director	
Date:	Sainik Welfare Office or	
	Commanding Officer of Serving Defence Personnel District	
	With Stamp.	