



सेल SAIL  
BOKARO STEEL PLANT  
BOKARO GENERAL HOSPITAL

PHOTOGRAPH

**PERSONAL DATA FORM (FOR TRAINEE NURSES)**

**(PLEASE FILL UP THE DETAILS IN CAPITAL LETTERS)**

SN	DETAILS	
01.	NAME	AGE
02.	FATHER'S NAME	
03.	MOTHER'S NAME	
04.	HUSBAND'S NAME	
05.	DATE OF BIRTH	
06.	PRESENT ADDRESS	
07.	PERMANENT ADDRESS	
08.	MARITAL STATUS	
09.	NATIONALITY	
10.	RELIGION	
11.	CATEGORY (PLEASE TICK)	GEN./ SC/ ST/ OBC
12.	MOBILE/ CONTACT NO.	E-MAIL ADDRESS:



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13.	ACADEMIC QUALIFICATION	BOARD/ UNIV.	YEAR OF PASSING	SUBJECTS	PERCENTAGE
	10+2/ I.Sc.				
	OTHERS				

14.	BSc Nursing/ G.N.M. COURSE	SCHOOL/ COLLEGE/UNIVERSITY	MARKS OBTAINED/ PERCENTAGE	NO. OF ATTEMPTS
	1 <sup>ST</sup> YEAR			
	2 <sup>ND</sup> YEAR			
	3 <sup>RD</sup> YEAR			

15.	WHETHER HAVING ANY WORK EXPERIENCE (IN OTHER HOSPITALS)	YES / NO (PLEASE TICK)
	IF YES PROVIDE DETAILS:	

**(SIGNATURE)**