



DYAL SINGH EVENING COLLEGE

(University of Delhi)

Phone: 011-24367658 Fax 01124369983 www.dsce.du.ac.in.

A Full-fledged Day College

(as per Executive Council Resolution No.8-35 of the University of Delhi)



APPLICATION FORM FOR THE POST OF NURSE CONTRACTULA BASIS

1. Name of the Applicant:
(in Block Letters)

Mr/Ms/Mrs.....

2. Father's Name:

.....

3. Date of Birth:

D	D	M	M	Y	Y	Y	Y

Paste Passport
Size Photograph
(Self Attested)

ii) Age:..... Years:..... Month: Day:..... as on:
Last Date of Submission of application

4. Whether belongs to
any reserved category
If yes, name of the category

..... (Yes/No)

.....
(OBC/SC/ST/PwD(OH/VH/HH))

5. (a) Address of Communication.....

.....
Phone: Mobile: Email ID:

(b) Permanent Address.....

.....
Phone: Mobile: Email ID:

6. Sex..... (Male/Female)

7. Nationality

8. Marital Status(Married/Unmarried)

9. Educational Qualifications

Exam Passed / Degree Obtained	Board / University	Institution	Passing year	% marks and Division
10 th				
10+2				
Graduation				
Post-Graduation				

10. Professional/Technical Qualification(s):

Exam Passed / Degree Obtained	Board / University	Institution	Passing year	% marks and Division

11. Work Experience:

Name of the Organization	Designation	Working Period		Salary / Pay Scale
		From	To	

12. Details of Extra Curricular Interest, if any:

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UNDERTAKING

I declare that statements made in the Application Form are true to the best of my knowledge and belief and nothing has been concealed thereto. I further confirm that I will solely be responsible for the attached documents in terms of their originality, validity, and authenticity. If any information is found false, the candidature will be cancelled automatically without any notice.

Signature of Applicant

Name.....