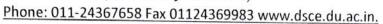


DYAL SINGH EVENING COLLEGE

(University of Delhi)





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



APPLICATION FORM FOR THE POST OF NURSE CONTRACTULA BASIS

Name of the Applicant: (in Block Letters)	Mr/Ms/Mrs	Paste Passpor
2. Father's Name:		Size Photograp (Self Attested
3. Date of Birth:	D M M Y Y Y Y	
Whether belongs to any reserved category If yes, name of the category	ii) Age:	(Yes/No)
5. (a) Address of Communication		
(b) Permanent Address	Email ID:	
	Email ID:	
6. Sex	(Male/Female)	
7. Nationality		
8. Marital Status	(Married/Unmarried)	

	Board / University	Institution	Passing year	% marks and Division
10 th				
10+2				
Graduation				
Post-Graduation				
0. Professional/Technical Qual	ification(s):			
Exam Passed / Degree Obtained	Board / University	Institution	Passing year	% marks and Division
1. Work Experience:				
Name of the Organization	Designation	Working Period		Salary / Pay
		From	То	Scale
Dotails of Extra Curricular Interes	ct if any:			
DERTAKING eclare that statements made in itef and nothing has been conce attached documents in terms on the false, the candidature will be	the Application Form are ealed thereto. I further cor	true to the best of nfirm that lwill sole and authenticity.	my knowledge a ly be responsible If any information	nd e for
DERTAKING colare that statements made in ef and nothing has been conce attached documents in terms of	the Application Form are ealed thereto. I further cor	true to the best of nfirm that lwill sole and authenticity.	my knowledge a ly be responsible If any information	nd e for