



U. P. Nursing Home Association

EXAM APPLICATION FORM

(FOR EXPERIENCE OF HOSPITAL WORK)

Roll No.

Name of Applicant	
Name of Father / Husband	
Date of Birth	
Mobile/ contact no. of Applicant	
Address of Applicant	
Name of Nursing Home/ Hospital	
Address of Nursing Home/Hospital	
Contact no. of Nursing Home/Hospital	
Name & Sign. Owner of Hospital	Sign.

• Enclosures:

- Rs. 2000/- Cash or D.D. In favour of "U. P. Nursing Home Association" (Payable at Lucknow.)
- Xerox copy of High school certificate.
- Original copy of Experience & Character certificate (5 yrs.) From Nursing / Hospital (on letter pad)
- Three photograph (fresh)
- Address proof of Applicant
- Last date of Submission (Exam application form): 10/10/2014

Sign. Of Applicant

Date of exam: 18th Oct. 2015

Place of exam: Green cross Medical centre, Daliganj Railway Crossing, Nirala Nigar, Lucknow.

Exam coordinator: - Md. Zubair Khan

Office Add. LNHA Blood Bank, B-72 (A), Nirala Nagar, Nr. Charan Guest House, Lucknow.

Ph. 0522-4070185 Mob. 7309036038

For Office Use

Application receiving date:

draft no.

Enclosure report:

Approved/Rejected (Reason if Rejected)

Signature