

SAROJ NURSING INSTITUTE

(Run & Managed by : Hind Educational and Charitable Trust)

Muzaffarpur



Recognised by : Indian Nursing Council (INC) Govt. of India, Govt. of Bihar (Health Department) and Bihar Nurses Registration Council (BNRC)

Medical Form

Mr./Ms _____ S/o, D/o _____

_____, Resident of _____

_____ whose signature

is appended below, has been medically examined for any known disability or disorder which may become an hindrance to perform the normal functions of an Auxiliary Nurse Midwife Course.

He/She has _____

(Physical disabilities or disorder / No physical disabilities or disorder)

He/She is _____

(Medically Fit, Medically unfit) for Nursing Course.

Weight :-

Height :-

Pulse :-

Blood Pressure :-

Signature of the Doctor with Seal

Signature of Applicant with Date :

Registration No. _____

Date _____

Address : Race Course Chakkar Maidan, Near Prabhat Tara Girl's High School, Muzaffarpur-842001 (Bihar)

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