Application Form for Assistant Professor / Tutor

AIZAWL COLLEGE OF NURSING

www.aizawlcollegeofnursing.com

aizawlcollegeofnursing@gmail.com

Attached recent Passport Photo

PERSONAL INFORMATION

POST-APPLIED :

Full Name :

Date of Birth : Marital Status :

Father's Name :

Mother's Name :

MNC Registration No. : NUID No. : :

Phone Number : Email Address :

Address :

EDUCATIONAL BACKGROUND

Degree / Course	University / Institute	Year of Passing	Percentage	Division

COMPUTER CERTIFCATE (IF ANY)

ANY CHRONIC ILLNESS / ALLERGY / DISABILITY

Document to be attached (Xerox copy):

1) B.Sc. Nursing Marksheet & Certificate
2) M.Sc. Nursing Marksheet & Certificate
3) Mizoram Nursing Council Registration Card
4) NUID Card
5) Computer Certificate (if any)
6) Experience Certificate (mandatory for Assistant Professor)

I hereby declare that the details mentioned above are correct to the best of my knowledge and belief. I bear the responsibility of any error or mistake in the data if occur in the future

Date : Signature :