



Application Form

Emergency and Critical Care Nursing Curriculum for PGCC

One Year Program

With e- learning practical modules

Affix your latest
passport size
photograph duly
signed by you

Form No: _____

Enrolment No: _____

1. Name: _____

2. Father's/Husband's Name: _____

3. Date of Birth: _____

4. Gender: _____

5. Postal Address (Capital Letters Only): _____

6. City: _____ 7. Pin Code: _____

8. State: _____ 9. Email: _____

10: Country: _____ 11: Nationality: _____

12: Contact Number: _____

13: Academic Qualification:

Examination	Board/University	Year of Passing	%/Grade
Graduation			
Post-Graduation			
Any Other			

14. Experience (Last 3 Only):

Organization (Name and Address)	Designation	Total Experience	Responsibilities

15. Crossed Demand Draft/Cheque No: _____

16. Date: _____ 17. Drawn on: _____

18. Money: _____

(Bank draft must be drawn in favor of "Consortium e-Learning Network Pvt. Ltd" payable at Delhi or New Delhi)

Candidates are advised to write their name, address and contact no at the back of demand draft/cheque

19: Documents to be attached with the application form:

- Total program fee draft at the time of submitting application form
- Certificate and marksheet of the all degree/diploma
- Three Passport size photograph

Important Information

The program in which you are seeking participation, is CCNE's independent knowledge enhancement program that gives knowledge about nursing. The program neither promises any job guarantee nor provides any specific eligibility to pursue higher studies. In case of any dispute, it would have to be resolved through arbitration, under Arbitration and Conciliation Act 1966, by the sole arbitrator appointed by the CCNE, Noida. The jurisdiction of the same will be Court of District Buddha Nagar, Noida, India only.

Declaration by the Applicant

I hereby declare that I have read and understood the details of the program for which I seek admission. I have provided the necessary information in this regard.

In the event of any information found or misleading, my candidatures shall be liable to cancellation by CCNE at any time and I shall not be entitled to refund of any fee paid by me to CCNE. I fully understand and agree that fee once paid is not refundable in any circumstances and is also not transferable.

Place: _____

Date: _____

Signature of Candidate: _____

For Office Use Only

Application received on: _____