



KASHMIR INSTITUTE

OF MEDICAL SCIENCES AND TECHNOLOGY

Recognized by J&K Government, J&K Paramedical and Nursing Council

Affiliated with University of Kashmir

LAWAYPORA, SRINAGAR JAMMU AND KASHMIR

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SPOST APPLIED FOR: _____

FULL NAME: _____

PARENTAGE: _____

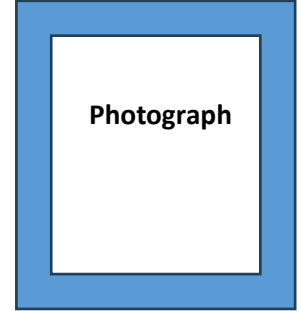
ADDRESS: _____

Mobile No.: _____

EMAIL ID: _____

D.O.B: _____

GENDER: _____ MARITAL STATUS: _____



Qualification	Specialization/ Subjects	Registration No.	Year Of Passing	Marks Obtained	Maximum Marks	University Board
10 th Class						
12 th Class						
B.Sc. Nursing						
M.Sc. Nursing						
Ph.D.						
Others (Specify)						

Work Experience: _____

I CERTIFY THE ABOVE-MENTIONED INFORMATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND NOTHING HAS BEEN CONCEALED.

SIGNATURE