



**OLD AGE CARE DIVISION**  
**NATIONAL INSTITUTE OF SOCIAL DEFENCE**  
**MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT**

**Three Month Certificate Course in Geriatric Care for Bedside Assistance/Care  
Taker**

**Nomination - Form**

S.No. \_\_\_\_\_

1. Name of the Candidate (Mr./Mrs./Miss):

(In Block Letters)

2. Father's Name :

3. Date of Birth :

4. Academic Qualifications :

(Attach attested copies of certificate)

5. Experience :

6. Extra Curricular Activities :

7. Local Address and Tel. No. :

8. Permanent Address and Tel. No. :

9. Name of the Local Guardian :

& Relationships

**(Signature of the Candidate)**

### **UNDERTAKING**

I hereby undertake that I have read the Rules and Regulation of the National Institute of Social Defence, New Delhi and I shall fully abide by them. I will be regular in attending Classes/Course activities for whole period of **Three Month Certificate Course in Geriatric Care for Bedside ssistance/Care Taker** . In case of default, I shall be liable to pay the total expanses borne by the Government in this connection. I have read and understood these obligations and confirm it by putting my signature below in the presence of guardian.

**(Signature of the Candidate)**