Application No. : .....

CHRISTIAN COLLEGE OF NURSING

C.S.I. KANYAKUMARI DIOCESAN INSTITUTION

G.O. Ms. No. 570 dated 26-10-1998

(AFFILIATED TO THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY)

Approved by Tamil Nadu Nurses and Midwives Council, Chennai & Indian Nursing Council, New Delhi

NEYYOOR - 629 802

KANYAKUMARI DISTRICT

TAMIL NADU

APPLICATION FORM FOR ADMISSION TO B.SC., NURSING DEGREE COURSE 2009 - 2010

1. Name

2. Address

Pin Code STD Code Phone No.

Affix Photo Here

3. Other Telephone Contact Numbers, if any

	Name	STD Code	Phone No.
i)			
ii)			

4. Date of Birth Age

5. Sex Male Female

Blood Group and Rh-factor

6. (a) Place of Birth

b) District

c) State

d) Nationality e) Mother Tongue

7. Religion

8. Community FC BC MBC SC ST

9. Name of Father/ Mother/ Guardian (each should be written)

10. Occupation of the Parent / Guardian .....

11. Monthly Income .....

12. Marital Status Single Widow/Widower Divorcee

13. Qualification ☐ H.S.C. ☐ P.D.C. ☐ Any other

14. Register No. ..... Month and Year of Passing : .....
(Final Exam)

15. Name of the Institution : ..... Place : .....

16. Medium of Instruction : .....

17. Extra Curricular Activities ☐ Sports/ Games ☐ N.C.C. ☐ N.S.S. ☐ Other

18. Level of Representation ☐ National ☐ State ☐ District

Academic Information

Marks of HSC/PDC or Equivalent

Subject	Marks	Percentage	No. of Attempts
Tamil / I language			
English			
Physics			
Chemistry			
Biology			
Botany			
Zoology			
TOTAL			

JOINT DECLARATION BY CANDIDATE AND PARENT/GUARDIAN

I, ... hereby affirm that the particulars given in the Application are true and correct. If it is proved at any stage that there is any suppression, distortion or incorrect and false statement or data, I hereby agree to be proceeded against, legally, even leading to my dismissal from the institution / hostel. I would also be liable to make good any loss that may be caused due to my covert or overt action and I agree that I would lose all rights and claims consequently whatsoever. I further state that I shall not partake in any strike, demonstration or political activity.

Place :

Date : *Signature of the Candidate*

I, ... Parent/ Guardian, do hereby declare that all the information given here in are true and correct. I stand guarantee for the good conduct of my ward during the course of his/ her study and stay in the hostel. I authorise the institution to initiate disciplinary actions against my ward for violation of any of the rules and regulations. I also pormise to compensate damage that might be caused by my ward due to his/her conduct.

Place :

Date : *Signature of Parent / Guardian*