



**11. Educational Qualifications**

Exam passed	Name of Board / Institution & University	School / College Address	Register No.	Month & Year of Passing	Marks in percentage
SSLC					
HSC					
B.Sc(N)					

**12. Details of Registration**

Exam passed :-

Date :

Register No :-

TN Nursing Council RN Reg No. :-

Date :

TN Nursing Council RM Reg No. :-

Date :

**13. Details of Transfer Certificate :**

T.C. No. :

TC. Date :

College Relieving Date :

**14. Details of Eligibility Certificate :**

Certificate No. :

Issue Date :

**15. Teaching Experience :**

S.No.	Designation	Name of the Institution	From	To	Total year of Experience

**16. Permanent Address**

**17. Communication Address**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dist. \_\_\_\_\_

State \_\_\_\_\_

Pincode :

Ph : \_\_\_\_\_

Mobile : \_\_\_\_\_

E-mail : \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dist. \_\_\_\_\_

State \_\_\_\_\_

Pincode :

Ph : \_\_\_\_\_

Mobile : \_\_\_\_\_

E-mail : \_\_\_\_\_

18. Father's Occupation & Annual Income : \_\_\_\_\_

19. Guardian's Name & Relationship : \_\_\_\_\_

20. Address of the Guardian \_\_\_\_\_

Pincode :

Ph :

Mobile :

E-mail :

21. Extra Curricular Activities : \_\_\_\_\_

22. Language Known : \_\_\_\_\_

23. Identification Marks :

a. ....

b. ....

24. I hereby declare that the above given information is true to my knowledge and belief.

Date :

Signature of Candidate

**ENCLOSURES**

- |   |   |                          |
|---|---|--------------------------|
| Application Form  | : | <input type="checkbox"/> |
| (i) Transfer Certificate                                  | : | <input type="checkbox"/> |
| (ii) +2 Mark Statement (or) HSC Statement                 | : | <input type="checkbox"/> |
| (iii) 10 <sup>th</sup> Mark Statement (or) SSLC Statement | : | <input type="checkbox"/> |
| (iv) PC.BSc/B.Sc(N) Degree Certificate                    | : | <input type="checkbox"/> |
| (v) RN  | : | <input type="checkbox"/> |
| (vi) RM   | : | <input type="checkbox"/> |
| (vii) Experience Certificate                              | : | <input type="checkbox"/> |
| (viii) Community Certificate                              | : | <input type="checkbox"/> |
| (ix) Migration Certificate                                | : | <input type="checkbox"/> |
| (x) Eligibility Certificate                               | : | <input type="checkbox"/> |
| (xi) Medical Fitness                                      | : | <input type="checkbox"/> |
| (xii) Conduct Certificate                                 | : | <input type="checkbox"/> |
| (xiii) Others   | : | <input type="checkbox"/> |
| (xiv) 4 set of photo copies of certificates               | : | <input type="checkbox"/> |
| (xv) 5 passport size colour photo with white back ground  | : | <input type="checkbox"/> |
| (xvi) Aadhar Card   | : | <input type="checkbox"/> |

GENERAL INSTRUCTION

1. Application to be filled in by the Student.
2. Use only Blue / Black Ball Pen
3. All Columns should be filled.
4. Colour Photos of 3½ x 4½ cm size with white background.
5. Write in Capital Letters only.

DECLARATION BY THE PARENTS

I shall be responsible for the payment of all fees and shall not ask for refund of fees paid in case of discontinuation of the course / cancellation of admission of my ward.

I shall also stand responsible for the conduct and good behaviour of my ward and see to it that she / he attends class tests and viva regularly during the period of her / his College studies.

I understand that a student may be asked to leave the College at any time for misbehaviour and irregular attendance.

Place :

Date :

Signature of Parent / Guardian

**For office use only**

Verified and found correct

The candidate may / may not be admitted to \_\_\_\_\_ course

**Correspondent**

**Principal**