SRI AUROBINDO COLLEGE OF NURSING



(TamilNadu Government G.O (MS).No. 139 H & FW(PME) Dept. Dt. 20.04.2007)

Approved by : TamilNadu Nursing Council, Chennai & Indian Nursing Council, New Delhi.

Affiliated to The TamilNadu Dr. M.G.R. Medical University, Chennai.

Aurobindo Nagar, TNPL Road, Punnamchatram, Karur - 639136. Ph : 04324-279700, Cell : 96266 48815 Affix your Passport Size Photo

APPLICATION FORM

FOR ADMISSION TO B.Sc (N) / POST BASIC B.Sc. NURSING DEGREE COURSE

App	olication No.	COURSE:
1.	Name (CAPITAL LETTERS)	
2.	Father's Name	
3.	Mother's Name	
4.	Age & Date of Birth	: Age
5.	Sex	: MALE FEMALE
6.	Blood Group	
7.	Willing to Donate Blood	I: YES NO
8.	Nationality :	
9.	Religion :	
10.	Community Certificate	Details : SC / ST / BC / MBC / OC
	Community Certific	ate No Issued By :
	Taluk :	Date :

11. Educational Qualifications

Exam passed	Name of Board	School & Address	Register No	Month & Year of Passing
SSLC				
HSC				
DGNM				

12. Marks Details

Mobile :

E-mail:

Subject	English	Physics	Chemistry	Botany	Zoology	Biology	Maths	Computer Science	Aggregate
Marks Obtained									
Maximum Marks									

13. Applicable to Post Basic B.Sc (N) only	
Exam passed :-	Date :
Register No :-	
TN Nursing Council RN Reg No. :-	Date :
TN Nursing Council RM Reg No. :-	Date :
14. Details of Transfer Certificate :	
T.C. No. :	
TC. Date :	
School Relieving Date :	
15. Permanent Address	16. Communication Address
Dist	Dist
State	State
Pincode :	Pincode :
Phone :	Phone :

Mobile :

E-mail:

17. I	Father's Occupation & Annual Income				
18. (Guardian's Name & Relationship				
19. /	Address of the Guardian				
		1/2			
					<u>-</u>
		Pincode	÷		
		Phone	:		
		Mobile	:		
		E-mail			
		L maii	5		
20. I	Extra Curricular Activities :				;=
21. l	anguage Known :				
22 1	dentification Marks :				
22. 1					
	a				
	b				
23. I	hereby declare that the above given in	nformation	n is true t	to my knowle	dge and belief.
Date	(40)				Cianatura of Candidata
Date	•				Signature of Candidate
ENC	LOSURES				
(i)	Application Form		:		
(ii)	Transfer Certificate		:		
(iii)	+2 Mark Statement (or) HSC Statement	ent	:		
(iv)	10th Mark Statement (or) SSLC States	ment	:		
(v)	Community Certificate		:		
(vi)	Migration Certificate		:		
(vii)	Aadhar Xerox copy		:		
(viii)	Bank pass book first page with photo		:		
(ix)	Aadhar bank link details		:		
(x)	DGNM Certificate		3		
(xi)	Experience Certificate		:		
(xii)	RN & RM Certificate		:		
(xii) (xiii)	RN & RM Certificate Medical Fitness		:		
in mos	Medical Fitness				

GENERAL INSTRUCTION

- 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 31/2 x 41/2 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