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| Application No. | |
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SCHOOL OF NURSING, ST.VINCENT DE PAUL HOSPITAL, OLLUR
APPLICATION FORM-ADMISSION TO THE GENERAL NURSING AND MIDWIFERY
INTEGRATED COURSE FOR THE YEAR

1. Name and present postal address :

(In Block Letters)

2. Name and permanent postal address :

(In Block Letters)

3. Age, Date of Birth :

4. Sex :

5. Cast and Religion :

6. Whether Single/married/widow :

7. Educational Qualification(s) :

8. Number of appearance +2/ VHSE :

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| 9. Total Marks | | % |
|----------------|--|---|

Ph. No: of the Candidate:

10. Name and address of the guardian :

(a) Relationship of the applicant to the guardian :

(b) Occupation/ Income of the guardian :

_____ **DECLARATION OF THE APPLICANT** _____

I (Name.....) hereby declare that I have carefully gone through the prospectus received along with the application and I promise to abide by the rules and regulations of the institution. I further declare that I have no physical and mental disabilities that disqualify me for admission and that the statements made by me in this application and the documents produced in support there of are true to the best of my knowledge and belief.

Station.....

Signature :

Date.....

Name :

_____ **DECLARATION OF THE GUARDIAN** _____

I (Name.....) have carefully gone through the prospectus and under take the event of the above applicant being admitted to pay regularly all the hostel and other dues till the completion of the course which she will be called upon to pay.

Station.....

Signature :

Date.....

Name :

Note:- Original certificates shall be produced at the time of interview

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| <p><u>Along with this application the following documents are to be produced</u></p> <p>(1) True copies of certificates & Mark sheet +2/V.H.S.E</p> <p>(2) S.S.L.C Certificate (3) Certificate of Physical fitness</p> <p>(4) Conduct certificate- 2 a) From Principal of college, last attended b) Other from the respectable person</p> |
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