



# SRI K. RAMACHANDRAN NAIDU COLLEGE OF NURSING

K.R. Naidu Nagar - 627 753, Paruvakudi (Village), Karivalamvanthanallur (Via),  
Sankarankovil Taluk, Tenkasi District.

Tel : 04636 - 260950 Email : srikrncon@yahoo.com, srikrncon@gmail.com

## ADMISSION TO AUXILIARY NURSE MIDWIFE COURSE FOR 20 - 20 APPLICATION FORM

(The application form is to be completed by the applicant in her own handwriting)

1. +2 Examination / Equivalent Register /  
Roll Number / Year and Month

REGISTER / ROLL NUMBER									

YEAR		

2. Name in Block Letters (Initial at the end) : .....

3. Date of Birth :

DATE	MONTH	YEAR

4. Community (Please Tick  )

OC	BC	BCM	MBC / DNC	SC	ST

Affix here  
Passport  
Photograph

5. Religion

6. Name of the Caste : .....

7. Address for Communication :

.....  
.....  
.....

PIN CODE : .....

Land line Phone No. : .....

Mobile No. : ..... 8. Name of Parent / Guardian : .....

9. Sex : (Please Tick  )

FEMALE

10. Nationality : (Please Tick  )

INDIAN	OTHERS

11. Nativity (Please Tick  )

TAMILNADU	OTHERS

11. a. Details of Education : (Please Tick  ) which is applicable

Studied from VIII Std to +2 in Tamil Nadu	Studied from VIII Std to +2 in Other State

11. b. If you have completed your +2 / equivalent schooling in Tamil Nadu (Please Tick  )

Government	Govt. Aided	Corporation	Municipality	KVS	CBSE	Pvt. School

12. School (s) of Study (Evidence to be produced from the schools studied).

STANDARD STUDIED	YEAR OF PASSING	NAME & ADDRESS OF SCHOOL	DISTRICT
VIII STD			
IX STD			
X STD			
XI STD			
XII STD / EQUIVALENT			

13. Qualifying Examination :  
(Please Tick  )

HSC	SSCE / CBSE	ISCE	OTHERS
1	2	3	4

14. Particulars of Passing the Qualifying Exam

DETAILS	1st Attempt	2nd Attempt
REG. No.		
Month & Year		

15 a. First Language (Please Tick  )

TAMIL	OTHERS

15 b. Marks obtained in Qualifying Examination except Tamil & English

SUBJECT	MAXIMUM MARKS	MARKS OBTAINED	MONTH & YEAR OF PASSING

16. Medium of Instruction (Please Tick  )

ENGLISH	TAMIL	OTHERS

17. Mother - Tongue :

18. District :  
(Strike out whichever is not applicable)

Native District	District in which XII / Equivalent studied (As entered in column 8 under Sl.No. 5)

### DECLARATION OF THE APPLICANT

I here by solemnly and sincerely affirm that the statement made and information furnished by me are true and correct. I have not kept any information secret and if any information furnished there in is fraudulent, incorrect or untrue in material particulars, I realize that my selection or admission to the course is liable to be cancelled. Further I also agree to forgo my seat in the college of nursing unconditionally. I hold myself responsible for dues and prompt payment of fees. I am aware that the management has full authority to expel me for disinterest in studies and / or misbehavior.

Date :

Signature of the Applicant

### DECLARATION BY THE PARENT / GUARDIAN

I am fully aware of the information furnished by my daughter and affirm that it is true and if it is proved that the information was fraudulent, I am liable to prosecution. I hereby declare that I hold myself responsible for her good conduct and I have known the financial obligation and I can afford and undertake to pay the tuition and other fees payable to the institution under the rules of the college.

Date :

Signature of the Parent / Guardians

Note : The Guardian can execute the above declaration only if both parents are not alive

**FOR OFFICE USE AND REMARKS**