



Sri K. Ramachandran Naidu College of Nursing

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

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

APPLICATION FORM FOR ADMISSION TO B.Sc NURSING DEGREE COURSE

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

1. Name of the applicant :
(In block letter as seen in school record)
2. Parent's Name :
 - a. Father :
 - b. Mother :
 - c. Guardian :
3. Father / Guardian's occupation :
4. Date of Birth : Date : Month : Year :
5. Religion :
State (SC/ST/MBC/BC/OC)
6. Nationality :
7. Mother Tongue :
8. Language known :
 Speak :
 Read :
 Write :
9. Present Address :
(with telephone number if any)
10. Permanent Address :
(with telephone number if any)
11. Address of Local Guardian :
(state relationship with her &
with telephone number if any)

Affix passport
size photograph duly
attested by
gazatted officer.

12. Academic Qualification :

Exam passed	Year of passing	Institution	University / Board	Subjects	Marks obtained	Attempt of passing

(please attach photo copies of educational qualification mark sheets)

13. Any other Qualifications / medals / awards :

14. State your hobbies & Interests :

15. Furnish in 3 – 5 lines your motive for choosing nursing profession :

16. Reference

(from atleast two persons hold responsible position and not related to the applicant)

Name : Name :

Position : Position :

Address : Address :

Phone : Phone :

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 / Guardian

Note for the applicant :

Please Enclose Four Photo copies of the following documents :

1. Age proof certificate / 10th mark sheet.
2. Marks sheet of +2 or equivalent examination.
3. Transfer certificate
4. Medical fitness Certificate (from Government approved medical practitioner)
5. Blood Group Certificate
6. Conduct certificate
7. Community certificate
8. Nativity Certificate
9. Income Certificate
10. Five copies of recent passport size photographs.