



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 M.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)
12. Academic Qualification :

Affix passport size photograph duly attested by gazatted officer.

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

(please attach photo copies of educational qualification mark sheets)

13. (a) Registered Nurse Number with date : _____

(b) Registered Midwife Number with date : _____

14. Teaching and Clinical Experience

Name of Institution	Designation	From	To	Total Experience		
				Year	Month	Day

16. Any other Qualification / Medals / Awards :

17. State your hobbies & Interests :

18. 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