SARDAR RAJAS COLLEGE OF NURSING



THIRURAJAPURAM, KAVALKINARU JN. - 627 105.
TIRUNELVELI DISTRICT, TAMIL NADU

APPLICATION FORM FOR ADMISSION TO B.SC. NURSING COURSE 20 - 20

The entries in the application should be made by the applicant after carefully reading the prospectus

Name :		Г			
(Block letters)					
Address :			Colour		
			Photo		
		L			
Pin code :	Phone with STD code	e			
	Mobile No :				
Date of Birth:	Sex: M	F Age:			
D M Y					
Place of Birth: Distri	ct :	State :			
Community: F.C. B.C.	M.B.C.	s.c.	S.T.		
Religion :	M	other Tongue :			
Name of the Parent Mr. / Mrs. :					
Occupation :	Inco	me P.M. Rs			
Official Address :					
Address		Tamadara Jawaniasa			
Dist.: State:	Pin:	Tel.:			
Qualifying Examination:					
H.S.C.	CBSE	Any other			
Reg. No. :	Year of Passing:				
Name of the School: Place:					
Extra Curricular activities Sports N.C.C. N.S.S. Others					
(Xerox copies of the Certificate to be enclosed)					

Marks obtained in the Qualification

HSC / CBSE				
SUBJECT	Marks	%		
English .				
Physics				
Chemistry				
Biology				
Botany				
Zoology				
Total				

Name of the Board:						
	Reg No.	Month	Year			
(a) First Appearance						
(b) Second Appearance						
Hostel Accommodation	required: Yes		No			
Enclosures : Attested	(a) Certificate / Marks list	(c) (Conduct Certificate			
Copies of	(b) T.C.	(d) A	Age Proof			
	DECLARATION	BY APPLICANT				
		(Nar	me in full) Son / Daughter of			
	hereby solemnly declar	e that the information fu	rnished and the statements			
given in the application and	d the enclosures are true, co able to forfeit my seat and (o	orrect and complete. I fur or) removed form the rolls	ther declare that should if be of the institution at whatever			
found otherwise. I will be liable to forfeit my seat and (or) removed form the rolls of the institution at whatever stage of study I may be besides making me liable for criminal prosecution.						
Station:						
Date :			Signature of the Applicant			
Date	DECLARATION	I BY DADENT				
	fully the analyses the s	(Na	me in full) Parent / Guardian			
of fully the endorce the declaration madeby the applicant, my Son / Daughter / Ward and I declare and bind myself on the same terms contained in the above declaration.						
Station:						
Date :		Signatu	re of the Parent / Guardian			
	FOR OFFICE	USE ONLY				
The candidate is provisionally admitted under one of the following category						
Free Seat	NRI Seat	Payment Seat	Lapsed Seat			
The admission registration number						
I/c Records	Mana	ager	Chairman			