



SARDAR RAJAS COLLEGE OF NURSING

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

APPLICATION FORM FOR

POST BASIC B.Sc. NURSING

NURSING COURSE 20 - 20

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

Name :
(Block Letters)

Address :
.....
.....



Pincode : Phone with STD Code :

Date of Birth : Sex : M F Age :
D M Y On July 1st

Place of Birth : District State

Community : F.C. B.C. M.B.C. S.C. S.T.

Religion : Nationality : Mother Tongue :

Name of the Parent / Husband Mr./Mrs. :

Occupation : Income P.M. Rs.

Official Address :

Dist : State : Pin : Tel:

Qualification :

Name of the University / Board :

Institution Last Studied : Place :

Year of Passing : Marks Obtained in Percentage

RN No. : RM No. :

Years of Experience :

Extra - Curricular Activities : Sports NCC
 N.S.S. Others
 (Xerox copies of the certificate to be enclosed)

Hostel accommodation required : Yes No

Enclosures : attested : a) GNM Certificate g) Transfer Certificate
 Copies of b) Certificate / Mark list h) Conduct Certificate
 c) RN & RM Certificate i) Proof of age
 d) Experience Certificate j) Community Certificate
 e) Hepatitis Vaccination k) Blood grouping
 f) Medical Fitness l) Migration & Eligibility Certificate

(For other state candidate)

DECLARATION BY THE APPLICANT

I (Name in full) Wife/Son/Daughter of hereby solemnly declare that the information furnished and the statements given in the application and the enclosures are true, correct and complete. I further declare if it found to be incorrect, I will be liable to forfeit my seat and or removed from 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

DECLARATION BY PARENT / HUSBAND

I (Name in Full) Parent / Guardian of fully endorse the declaration made by the applicant, my Son / Daughter / Wife / Husband and I declare and bind myself on the same terms contained in the above declaration.

Place :
 Date : Signature of the Parent / Husband

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 Manager Chairman