

Application No. **817**

THEOPHILUS COLLEGE OF NURSING



M.G.D.M. HOSPITAL

DEVAGIRI P.O., KANGAZHA

KOTTAYAM - 686 555

APPLICATION FORM FOR ADMISSION TO
THE B. Sc. NURSING COURSE
ACADEMIC YEAR 20 TO 20

PHOTO

Name in Full (Block Letters) :

Permanent Address :

Contact Phone Nos. : STD Code Land Line
Mob :

Age & Date of Birth :

Sex :

Religion and Caste (with sub divisions if any) :

Whether you belong to any of the category : SC / ST / OEC / OBC. (Attach Certificate)

Name of Father :

Occupation of Father :

Name of Mother :

Occupation of Mother :

Name of Guardian :

Relationship of applicant to the guardian :

Educational Qualification

(All educational qualification from S.S.L.C or Equivalent shall be given)

Course	Name of Examination Institution Board / University	Year of Study	No. of appearances	Reg. No.	Total Marks	% of Mark

Details of Higher Secondary or Equivalent Examination

Marks for Optional Subjects	Mark	Percentage	Remarks
Physics			
Chemistry			
Biology			
Total			

Declaration by the Applicant

I here by declare that I have carefully gone through the prospectus received along with the application form and I promise to abide by the rules and regulations of the institution. I further declare that the statement made by me in this application and the documents produced in support of this are true to the best of my knowledge.

Station :

Signature

Date :

Name

Declaration by the Guardian

I (Name) have carefully gone through the prospectus and in the event the above applicant being admitted, I undertake, to pay regularly all the college, hostel, and other dues till the completion of the course.

Station :

Signature

Date :

Name &
Relationship**Details of payment of Registration fee**

D.D. No	Date	Amount	Drawee Bank
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List of enclosures

Sl. No.	Particulars	Remarks
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FOR OFFICE USE ONLY

Verified and found correct

% of mark

rank

Admission details

Date

Category

Fee paid

Admission No

Signature

AD. Clerk

A.O

Principal