




# Sri K. Ramachandran Naidu School of Nursing

K.R.Naidu Nagar – 627 753, Paruvakudi, Karivalamvanthanallur (Via),  
Sankarankovil Taluk, Tirunelveli District. Tel : 04636 – 260950

## APPLICATION FOR ADMISSION TO GENERAL NURSING AND MIDWIFERY COURSE

Application No :

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

1. Full Name (in Black Letter)	:	_____	
2. Father's / Guardian's Name	:	_____	
3. Occupation	:	_____	
4. Age & Date of Birth	:	_____, ____ / ____ / ____	
5. Local / Non - Local	:	Yes / No	
6. Passed intermediate / 10 / +2 / PDG	:	Yes / No Single attempt / Compartmental	
7. Marks obtained in Science / Subjects	:	_____	
8. Permanent Postal Address	:	_____	
		1. _____	
		2. City _____ State : TN / Kerala	
		3. Pincode _____ Ph / Cell : _____	
9. Place of Birth	:	_____	
10. Mother Tongue	:	_____	
11. Language Known	:	_____	
12. Nationality and Religion	:	_____	
13. Address and Occupation of Local guardian (State Relationship with her)	:	_____ _____ _____	

### DECLARATION

I here by solemnly and sincerely affirm that the statement made and information furnished by me in the application form and also in all the enclosures there to submitted by me are true and correct. I have not kept any information secret should it however be found that any information furnished there in is fraudulent, in correct or untrue in material particulars. I realize that my selection or admission to the course is liable to be cancelled and I am liable to criminal prosecution. Further I also agree to for go my seat in the college / school of Nursing unconditionally.

Signature of the Applicant with date

I have fully read the information furnished by my daughter and affirm that is true and if it is proved that the information was fraudulent, I am liable to prosecution.

Date

Signature of Father / Mother / Guardian