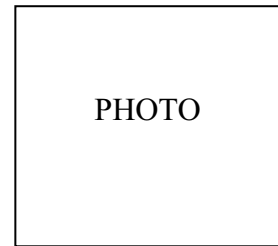


**THASIAH COLLEGE OF NURSING
MARTHANDAM – 629165
KANYAKUMARI DISTRICT, TAMIL NADU.
Application form for Admission to B.Sc., (Nursing) Degree Course**

1. *Read all instructions carefully before you start filling up the application form and acknowledgement card.*
2. *The application should reveal correct information. If it is found incorrect*
 - (i) *The candidate will be forced to forfeit the admission at any Stage of the course.*
 - (ii) *Legal action will be instituted against the candidate.*



1. a) Name of Candidate :
(In Block Letters)

2. Name of the Parent :

3. Name of the Guardian (if applicable) :

4. Address for Communication :
.....
.....
.....Pin:

5. Address of the Parent / Guardian :
.....
.....
.....Pin:
Mobile:Phone:E-mail:

6. Occupation of the Parent / Guardian :

7. Sex :

8. Date of Birth (Christian era) :
(As per S.S.L.C. or its equivalent)

9. Age :

10. Place of Birth

Village / Town / City	District	State

11. Nationality :

12. Community (Please Tick It)

SC	ST	MBC	BC	OC
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13. Mother Tongue :

14. Religion :

15. Extra Curricular Activities
(Originals must be produced at the time of admission)
Give details against each case.

a) Sports / b) Games :

c) N.C.C. / d) N.S.S. :

e) Others :

16. Qualifying Examination :
(HSC academic stream with Biology (or Botany + Zoology) Physics & Chemistry)

a) Medium of Instruction :

b) Name of the school /College
last studied with address :

c) Board / university :

d) Number of attempts :

e) Register Number with month and year of attempt

	Reg.No	Month	Year
First attempt			
Second attempt			
Third attempt			

f) Marks: HSC (academic) / PDC/ equivalent

Part I Tamil /Language		Out of	
Part II English		Out of	
Part III Biology		Out of	
Botany		Out of	
Zoology		Out of	
Physics		Out of	
Chemistry		Out of	
Elective		Out of	
TOTAL		Out of	

DECLARATION BY THE APPLICANT

I (Name in Block Letters)

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 that should it be found otherwise. I will liable to forfeit my seat and / or will be removed from the rolls of the institution at whatever stage of study I may be, besides making me liable for Criminal prosecution.

Place :

Date :

Signature of Candidate

DECLARATION BY THE PARENT / GUARDIAN

I (Name in Block Letters)

Son / Daughter of hereby solemnly declare that I am fully aware of the declaration made by the applicant, my Son / Daughter / Ward and I declare and Bind myself on the same terms contained in the above declaration The Statements and the Information given are true , correct and complete. If it is found otherwise, the applicant is liable to forfeit my seat and / or will be removed from the rolls of the institution , whatever may be the stage of study, besides making me Liable for Criminal prosecution.

Place:

Date :

Signature of Parent / Guardian

Note: Guardian can execute the above declaration only if both the parents are not alive

FOR OFFICE USE

The candidate is admitted to 4 year B.Sc. (Nursing) degree course in (Batch)

Date:

PRINCIPAL

CHAIRMAN