



SRI AUROBINDO SCHOOL OF NURSING

(Tamilnadu Government G.O (MS). No. 162 H & FW (PME) Dept. Dt. 18.05.2007)
Approved by : Tamilnadu Nursing Council, Chennai & Board of Examinations DME, Chennai.
Aurobindo Nager, TNPL Road, Punnamchatram, KARUR - 639 136.
Ph : 04324 - 279700, Cell : 94431 42630, 9626648815.

APPLICATION FORM

FOR ADMISSION TO DIPLOMA IN GENERAL NURSING AND MIDWIFERY COURSE

Note : This form should be filled by applicant only

Application No. :

1. Name (CAPITAL LETTERS): _____

2. Father's Name : _____

3. Mother's Name : _____

4. Age & Date of Birth :

Age	Date	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

5. Sex : Male Female

6. Nationality : _____

7. Religion : _____

8. If S.C/ S.T./ Backward Class, give particulars (Attach Community Certificate)

9. Educational Qualifications : _____

Exam Passed	Name of Board / University	Month & Year of Passing	% of Marks

10. Permanent Address : _____

Pin Code :

Ph :

Mobile :

12. Communication Address : _____

Pin Code :

Ph :

Mobile :

11. Father's Occupation :



13. Annual Income of Father : _____

14. Guardian's Name & Relationship : _____

15. Address of Guardian :

Pin Code :

Ph :

16. Extra Curricular Activities :

17. Language Known

Speak : _____

Write : _____

Read : _____

18. Identification Marks :

a) _____

b) _____

19. I hereby declare that the above given information is true to my knowledge and belief.

Date :

Signature of Candidate

ENCLOSURES

- | | | | |
|--|----------------------------|--|----------------------------|
| (i) Application Form | : <input type="checkbox"/> | (vi) Passport Size Photos (5 No's) | : <input type="checkbox"/> |
| (ii) +2 T C | : <input type="checkbox"/> | (vii) Aadhar linked Bank Account Copy | : <input type="checkbox"/> |
| (iii) +2 Mark Statement (or) HSC Statement | : <input type="checkbox"/> | (viii) Bank pass book first page with photo | : <input type="checkbox"/> |
| (iv) 10th Mark Statement (or) SSLC Statement | : <input type="checkbox"/> | (ix) Aadhar Copy | : <input type="checkbox"/> |
| (v) Community Certificate | : <input type="checkbox"/> | (x) Medical Fitness with, Blood Group report | : <input type="checkbox"/> |

DECLARATION BY THE PARENTS

I shall be responsible for the payment of all fees and shall not ask for refund of fees paid in case of discontinuation of the course / cancellation of admission of my ward.

I shall also stands responsible for the conduct and good behavior of my ward and see to it that she attends class tests and viva regularly during the period of her school carrier.

I understand that a student may be asked to leave the school at any time for misbehavior and irregular attendance.

Place :

Date :

Signature of Parent/Guardian

For Office Use Only

Verified and found correct

The candidate may / may not be admitted to course

Chairman

Principal