

Name:

SHRINIDHI COLLEGE OF HEALTH SCIENCES
AND RESEARCH

No.:



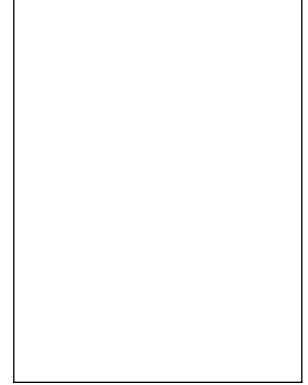
**SHRINIDHI COLLEGE OF HEALTH SCIENCES AND
RESEARCH**

(Run by Dr. Panjaly Ramaraj Educational Trust)

(Approved by Government of Tamilnadu)

**D. Karisalkulam Road, Pottapalayam
Sivagangai – 630611**

**Tel: 9791304786, 9488561093
email: admissions@shrinidhi.org**



**APPLICATION FORM FOR B.Sc., NURSING
FOUR YEARS COURSE**

1. a. Name of the Candidate in full
(with initial, in CAPITAL LETTERS) :
- b. Expansion of initial :
2. Sex :
3. Father's Name
(if not alive Guardian's Name) :
4. Mother's Name :
5. Occupation :
6. Annual Income of Parent :
7. Permanent Address with Phone No. :
8. Residential Address with Phone No. :
9. Date of Birth & Age :
10. Nationality :
11. Community and Sub caste :
12. Educational Qualification
(Examination Passed) :

Name:

No.:

13. Name of the Institution where the :
Candidate has last studied

14. Statement of Marks

Sl. No	Subjects Appeared	Regd. No.	Month & Year of Passing	Marks Secured	Minimum for Pass Prescribed	% of Marks

15. Whether copies of two conduct certificates are enclosed?
16. Whether attested copies of Transfer Certificate and mark list are enclosed?
17. Whether attested copy of the age proof certificate (First page of the SSLC Book (or) mark certificate) is enclosed?
18. Is Hostel Accommodation needed?

I here declare that particulars furnished above are true to the best of my knowledge.

Signature of the Parent/Guardian

Signature of the Candidate

Name:

SHRINIDHI COLLEGE OF HEALTH SCIENCES
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No.:

FOR OFFICE USE ONLY

1. Name of the candidate :
2. Registration No. :
3. Interview Date :
4. Admission No. :
5. Whether the candidate surrendered the following certificates
 - a) Transfer Certificate :
 - b) Conduct Certificate :
 - c) Mark sheet :
 - d) Age Proof Certificate (SSLC First Pages) :
 - e) Passport Size Photo - 6 Nos. :

Signature of Admissions Officer

Remarks