

**SHRINIDHI COLLEGE OF HEALTH SCIENCES AND RESEARCH**  
**Pottapalayam, Sivagangai 630611**  
**APPLICATION FORM FOR B.Sc., NURSING**

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**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, 948856109  
Email: [admissions@shrinidhi.org](mailto:admissions@shrinidhi.org)  
Website: <http://www.shrinidhi.org>

1. a. Name of the candidate in full  
(with initial in CAPITAL LETTERS)

b. Expansion of initial

2. Sex

☐ Female

☐ Male

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.

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8. Residential Address with Phone No.

9. Date of Birth

10. Nationality

11. Community and Sub caste

12. Educational Qualification  
(Examination Passed)

13. Name of the Institution where the  
Candidate last studied

14. **Statement of Marks**

No.	Subjects	Regd. No.	Month & Year of Passing	Marks Secured	Minimum for Pass Prescribed	Percentage of Marks
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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9.

15. Whether copies of two conduct certificates enclosed? ☐ Yes ☐ No

16. Whether attested copies of Transfer Certificate and mark lists are enclosed? ☐ Yes ☐ No

17. Whether attested copy of the age proof certificate (First page of the SSLC Book (or) mark certificate) is enclosed? ☐ Yes ☐ No

18. Is Hostel Accommodation needed? ☐ Yes ☐ No

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

Signature of the Parent/Guardian

Signature of the Candidate

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**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**