

ORIGINAL COPY TO THE SCHOOL OF NURSING

Application No:

SCHOOL OF NURSING, LISIE HOSPITAL

COCHIN-682018

APPLICATION FORM

For admission to the General Nursing and Midwifery integrated Course for the year 2017.

1. Name and present postal address :

(IN BLICK LETTERS)

2. Name and permanent postal address :

telephone number with code if any.

3. Sex :

4. Age and Date of Birth (Christian Era) :

5. Caste and Religion :

6. Whether Single/Married/Widow :

7. Height and Weight :

8. Educational qualification(s) :

9. Number of appearance for

Plus two/equivalent examination :

10. Marks for (Plus two/equivalent :

examination) Percentage

Science Group Non Science Group

a) Physics a) :

b) Chemistry b) :

c) Biology c) :

d) :

TOTAL : _____

11. Name and address of the guardian _____

a) Relationship of the applicant with the guardian

b) Occupation of the guardian

c) Monthly Income of the guardian

DECLARATION BY THE STUDENT

I (Name).....hereby declare that I have carefully gone through the prospectus received along with the application and I promise to abide by the rules and regulations of the institution..I further declare that I have no mental disability that disqualify me for admission and that the statements made by me in this application and the documents produced in support thereof are true and correct to the best of my knowledge and belief.

Station:

Signature:

Date:

Name:

DECLARATION OF THE GUARDIAN

I (Name).....have carefully gone through the prospectus and I undertake in the event of the above applicant being admitted, to pay regularly all the hostel and other dues till the completion of the course.

Station:

Signature:

Date:

Name:

Note:1) Duplicate copy of the application form duly filled up and signed together with the enclosures shall be sent to the **Registrar ,Kerala Nurses &Midwives Council, Red Cross Road, Thiruvananthapuram-35.**

2) Original Certificates shall not be forwarded along with the application form. Original Certificates shall be produced at the time of interview.

DUPLICATE COPY TO THE NURSING COUNCIL

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