



# Our Lady of Health School of Nursing

V.O.C. Nagar, Trichy Road, Thanjavur - 7.

Appln. No. :

Name : \_\_\_\_\_

Date : \_\_\_\_\_

Address : \_\_\_\_\_

Appln. Fee : \_\_\_\_\_

Phone : \_\_\_\_\_

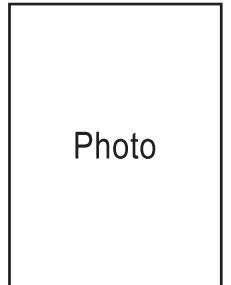


# Our Lady of Health School of Nursing

V.O.C. Nagar, Trichy Road, Thanjavur - 7. Ph : 04362-272210

(Managed by the Diocese of Tanjore Society)

## APPLICATION FOR ADMISSION IN DIPLOMA IN GENERAL NURSING & MIDWIFERY



Application Number :

(To be filled in by the candidate in her own handwriting)

1. Name of the Applicant :  
(IN BLOCK LETTERS as given in school records)
2. Age & D.O.B :  
(As per HSc Mark sheet/TC)
3. Gender : Female
4. Religion :
5. Community : BC / MBC / SC / SCA / ST or OC  
(Put tick mark in the appropriate place  
If SC/ST, certificates must be attached)
6. Nationality :
7. Medium of instruction :
8. Height in Cm :
9. Weight in Kg :
10. Blood Group :
11. Name of the Parent/ Guardian :
12. Occupation :
13. Income :
14. Address for Communication : .....
- .....
- .....
- .....
15. Contact Number : .....

16. Educational Qualification: Total Marks Obtained -----.

Qualification	Reg. No / Month & year of passing	Subjects in Higher Secondary / Marks obtained	Marks secured	School where studied	No.of Attempts
a. Higher Secondary		Physics --			
		Chemistry --			
		Botany \ Biology -- Zoology			
		English --			
b. Others if any		Vocational -- Nursing			

17. Extra curricular activities :  
(Sports, Games, N.C.C, N.S.S, Music, Dance, Etc...)

18. Catholic candidates are requested to enclose a letter of recommendation from the parish priests :

**REFERENCE**

Give the names and address of two persons of good standing, other than relatives to whom a reference may be made.

1. 2.

**DECLARATION**

We declare that all the details furnished above are true and correct to the best of our knowledge and belief that we undertake to inform the college of any change therein immediately. In case any of the above information is found to be false or untrue. We are aware that we may be held liable for if.

Place :

*(Signature of the Candidate)*

Date :

*(Signature of the Parent / Guardian)*

**Note: Enclose the photo copies of S.S.L.C, H.Sc Mark Sheet, TC, Community, Contact Certificate, Medical Fitness, Blood group certificate and Passport size Photo 3**



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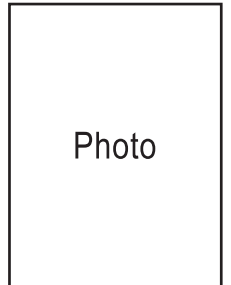


# Our Lady of Health College of Nursing

V.O.C. Nagar, Trichy Road, Thanjavur - 7. Ph : 04362-272210

(Managed by the Diocese of Tanjore Society)

## APPLICATION FOR ADMISSION TO B.Sc., (NURSING) DEGREE COURSE



Photo

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