



Our Lady of Health College of Nursing

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

Appln. No. :

Name : _____

Date : _____

Address : _____

Appln. Fee : _____

Phone : _____

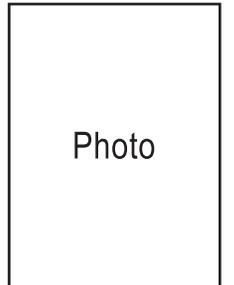


Our Lady of Health College of Nursing

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



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 --			

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