

# OUR LADY OF HEALTH COLLEGE OF NURSING

Arulananda nagar , 3<sup>rd</sup> cross , Thanjavur-613007

Phone: 04362-272210

## APPLICATION FORM FOR ADMISSION TO POST BASIC B.SC (NURSING) DEGREE COURSE

### APPLICATION NUMBER :

1. Read all instructions carefully before you start filling in the application form
2. The application should provide correct information. If it is found incorrect.
  - The candidate will be forced to forfeit the admission at any stage of the course.
  - Legal action will be instituted against the candidate
3. Only the candidate should fill in the application form

Photo

1. Name of candidate

(In block letters as given in school records) : \_\_\_\_\_

2. Age : \_\_\_\_\_

3. Date of Birth (Christian era) : \_\_\_\_\_

(as per S.S.L.C.or its equivalent)

4. Gender : Female

5. Name of the parent : \_\_\_\_\_

6. Name of the Guardian (if applicable) : \_\_\_\_\_

7. Occupation of the parent/ Guardian : \_\_\_\_\_

8. Address for communication

House number/ name of the street : \_\_\_\_\_

Village /Town : \_\_\_\_\_

District : \_\_\_\_\_

State : \_\_\_\_\_

Pin code : \_\_\_\_\_

9. Address of the parent/guardian

House number/ name of the street : \_\_\_\_\_

Village /Town : \_\_\_\_\_

District : \_\_\_\_\_

State : \_\_\_\_\_

Pin code : \_\_\_\_\_

Phone no : Area code \_\_\_\_\_ Ph: \_\_\_\_\_

Cell phone : \_\_\_\_\_

Email address : \_\_\_\_\_

10. Place of Birth : \_\_\_\_\_

Village/Town/City District State

11. Nationality : \_\_\_\_\_

12. Community (name & category): \_\_\_\_\_ SC/ST/MBC/BC/OC

13. Mother tongue : \_\_\_\_\_

14. Religion : \_\_\_\_\_

**15. Professional qualification**

S.No	Examination passed	Name of the institution & address	Name of the board/university	Duration of the course	Marks obtained in percentage	Month/ Year of passing

**16. REGISTRATION DETAILS**

S.No	Registration number	Registration council	Date & year Registration
1	RN:		
2	RM:		

**17. FOR CANDIDATE S WHO HAVE PASSED THE QUALIFYING EXAMINATION**

OTHER THAN HSC OF TAMIL NADU

Whether Eligibility Certificate obtained from

T.N.Dr.M.G.R.Medical University is enclosed : \_\_\_\_\_

18. a) Name of the university which issued

Migration Certificate to the candidate : \_\_\_\_\_

b) Migration certificate number & date : \_\_\_\_\_

**19. EXPERIENCE DETAILS:**

S. No	Position held	Name of the institution & address	year of experience		Total Experience		
			From	TO	YEAR	MONTH	DAYS
			Total				

**20. MARKS -HSC – [ACADEMIC /PDC/EQUIVALENT]**

Subject	English	Physics	Chemistry	Botany	Zoology	Biology/ Maths	Total
Maximum Marks							
Marks obtained							

21. Blood group : \_\_\_\_\_

**22. EXTRA CURRICULAR ACTIVITIES**

[Original must be produced at the time of Admission]

A] Sports : \_\_\_\_\_

B] N.C.C. : \_\_\_\_\_

C] N.S.S : \_\_\_\_\_

d] Others : \_\_\_\_\_

**NOTE FOR THE APPLICANT:**

[Enclose the photo copies of the following documents in the given order]

1. S.S.L.C. Mark sheet
2. H.S.C./Pre degree/equivalent examination mark sheet
3. G.N.M/ Diploma Certificate with mark sheet
4. Tamilnadu Nurses and midwives council registration Certificate
5. Clinical Experience Certificate
6. Transfer Certificate
7. Conduct Certificate
8. Community Certificate
9. Medical fitness certificate from an authorized medical practitioner
10. Blood group certificate
11. Letter from the parish priest [for Catholics]
12. Eligibility certificate obtained from T.N. Dr. M.G.R. Medical University
13. Migration certificate

**DECLARATION BY THE APPLICANT**

I----- [Name in full] son/Daughter of -----  
here by solemnly declare that the information furnished and the statement given in the applicant and the enclosures are true, correct and complete. I further declare that should it be found otherwise .I will be liable to forfeit my seat and/ or will be removed from the rolls of the institution at whatever stage of study I may be, besides making me liable for criminal prosecution.

Place: -----

Date: -----

Signature of Candidate

**DECLARATION BY THE PARENT/GUARDIAN**

I-----[Name in full) PARENT/GUARDIAN\_\_\_\_\_  
here by solemnly declare that I am fully aware of the declaration made by the applicant , my son / daughter & I declare and bind myself on the same terms contained in the above declaration . The statement and information given are true, correct and complete. if it's found otherwise applicant is liable to forfeit the seat and/ or be removed from the institution whatever may be stage of study ,besides making me liable for criminal prosecution.

Place: -----

Date: -----

Signature of parent/guardian

**FOR OFFICE USE**

The candidate is admitted to two year post basic B.Sc. (nursing) degree course in  
\_\_\_\_\_ (batch)

Date of admission: \_\_\_\_\_

**Principal**

**correspondent**

# OUR LADY OF HEALTH COLLEGE OF NURSING

Arulananda Nagar, 3<sup>rd</sup> cross, Thanjavur-613007

Phone: 04362-272210

## APPLICATION FORM FOR ADMISSION TO M.SC (NURSING) DEGREE COURSE

### APPLICATION NUMBER :

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  - Legal action will be instituted against the candidate
3. Only the candidate should fill in the application form

Photo

1. Name of candidate : \_\_\_\_\_

(In block letters as given in school records)

2. Age : \_\_\_\_\_

3. Date of Birth (Christian era)  
(as per S.S.L.C. or its equivalent) : \_\_\_\_\_

4. Gender : Female

5. Name of the parent : \_\_\_\_\_

6. Name of the Guardian /spouse : \_\_\_\_\_

7. Occupation of the parent/ spouse/Guardian : \_\_\_\_\_

8. Address for communication

House number/ Name of the street : \_\_\_\_\_

Village /Town : \_\_\_\_\_

District : \_\_\_\_\_

State : \_\_\_\_\_

Pin code : \_\_\_\_\_

9. Permanent Address:

House number/ name of the street : \_\_\_\_\_

Village /Town : \_\_\_\_\_

District : \_\_\_\_\_

State : \_\_\_\_\_

Pin code : \_\_\_\_\_

Phone no : Area code \_\_\_\_\_ Ph: \_\_\_\_\_

Cell phone : \_\_\_\_\_

Email address : \_\_\_\_\_

10. Place of Birth : \_\_\_\_\_

Village/Town/City

District

State

11. Nationality : \_\_\_\_\_

12. Community (name & category) : \_\_\_\_\_ {SC/ST/MBC/BC/OC}

13. Mother tongue : \_\_\_\_\_

14. Religion : \_\_\_\_\_

15. Blood group : \_\_\_\_\_

**16. Professional qualification:**

S. No	Examination passed	Name of the institution & address	Name of the board/university	Duration of the course	Marks obtained in percentage	Month/Year of passing

**17. REGISTRATION DETAILS:**

S. No	Registration number	Registration council	Date & year Registration
1	RN:		
2	RM:		

18. (a) Name of the university which issued the eligibility certificate to the

Candidate : \_\_\_\_\_

(b) Eligibility certificate No. & date of issued : \_\_\_\_\_

19. a) Name of the university which issued

Migration Certificate to the candidate : \_\_\_\_\_

b) Migration certificate number & date of issued : \_\_\_\_\_

**20. EXPERIENCE DETAILS:**

S. No	Position held	Name of the institution & address	year of experience		Total Experience		
			FROM	TO	YEAR	MONTH	DAYS
			Total				

**21. EXTRA CURRICULAR ACTIVITIES**

[Original must be produced at the time of Admission]

- [A] Sports : \_\_\_\_\_
- [B] N.C.C. : \_\_\_\_\_
- [C] N.S.S : \_\_\_\_\_
- [d] Others : \_\_\_\_\_

**NOTE FOR THE APPLICANT:**

[Enclose the photo copies of the following documents in the given order]

1. S.S.L.C. Mark sheet
2. Hsc. /Pre degree/equivalent examination mark sheet
3. B.SC (NURSING)/ P.C.BSC (N)-Provisional /Degree certificate with mark sheets
4. Tamilnadu Nurses and midwives council registration Certificates/any other Nursing council registration certificates.
5. Experience Certificates.
6. Transfer Certificate.
7. Conduct Certificate.
8. Community Certificate.
9. Medical fitness certificate from an authorized medical practitioner
10. Blood group certificate
11. Letter from the parish priest [for Catholics]
12. Eligibility certificate obtained from T.N. Dr. M.G.R. Medical University
13. Migration certificate

**DECLARATION BY THE APPLICANT**

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Place: \_\_\_\_\_

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

Signature of Candidate

**DECLARATION BY THE PARENT/GUARDIAN**

I-----[Name in full) PARENT/GUARDIAN\_\_\_\_\_  
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Place: \_\_\_\_\_

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

Signature of parent/guardian

**FOR OFFICE USE**

The candidate is admitted to two year M.Sc. (Nursing) degree course in  
\_\_\_\_\_ (batch)

Date of admission: \_\_\_\_\_

**Principal**

**correspondent**





# Our Lady of Health School of Nursing

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

Appln. No. :

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

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

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

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

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

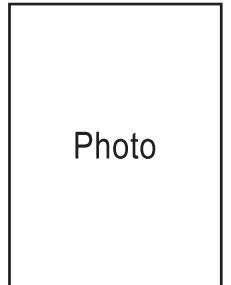


# Our Lady of Health School of Nursing

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



Photo

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**



# Our Lady of Health College of Nursing

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

Appln. No. :

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

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

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

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

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

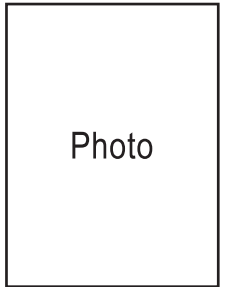


# Our Lady of Health College of Nursing

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  
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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 : \_\_\_\_\_
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.....  
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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 --			

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Date :

*(Signature of the Parent / Guardian)*

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