ST. THERESA OF CHILD JESUS SCHOOL OF NURSING ST. THOMAS HOSPITAL, ST. THOMAS MOUNT, CHENNAI.600016 APPROVED BY THE GOVT OF TAMIL NADU VIDE GO .MS 426,

Ref.No.96360/PEM-1/92

Phone: 9940851522, 044-61735065

Application for Admission in Nursing Diploma Course

Candidate's pass-port size photo

Appli	cation No:					
	(To be filled in by the c	andidate in her	own hand w	riting)		
1.	Name of the applicant(in BLC	OCK LETTERS):			
2.	Sex		:			
3.	Date of birth(as per S.S.L.C B	Book)	:			
4.	Father's Name & Address with contact No: (for communication):					
5.	Annual Income of parent / Gu	uardian De				
	1		•			
6.		ll	; D 1	XX 7 *,	G 1	
7.	Other languages known		: Read	Write	Speak	
8.	Religion of the applicant	:				
9.	Original Certificates to be enclosed: (Tick what is suitable)					
a.	10 th Mark sheet	;	Yes/No			
b.	11 th Mark sheet	;	Yes/No			
c.	12 th Mark Sheet	;	Yes/No			
d.	Transfer Certificate	;	Yes/No			
e.	Community Certificate	;	Yes/No			
f.	Annual Income Certificate	:	Yes/No			
g.	Physical fitness	:	Yes/No			
h.	Aadhar ID (Xerox)	:	Yes/No			

: Yes/No

: Yes/No

HB, CBC, Thyroid Profile, LFT, RFT, Abdomen Scan, Urine Routine

i. Bank pass book Front Page (Xerox)

j. Lab Investigation

10. Total marks obtained in the final exam:

Subjects	Marks obtained	
Tamil		
English		
Mathematics		
Biology		
Physics		
Chemistry		
Botany		
Other group		

11. Whether two pa	ss-post size photos enclosed in Yes/No	addition to the one from affixe	ed with the application:		
12. Extra curricular	activities of the student:				
Declaration					
	School of Nursing & Hostel	e that I abide by the rules and and in the event of any diso			
Place:					
Date:		Signature of the candidate			
T	parent/Guard	lian of			
Hereby declare that my	y daughter will abide by the ru	ales and regulations of the St. isobedience or any misconduct			
Place:					
Date:		Signature of parent/Guardian			