



“Heal us to Heal Others”
ANNAMMAL COLLEGE OF NURSING
KUZHITHURAI 629163, KANYAKUMARI DISTRICT
APPLICATION

(To be filled-out by Applicant)

Name of the Applicant :

(Block letters)

Permanent mailing Address :

Course Applied for :

M.Sc(N)

B.Sc(N)

P.B.B.Sc(N)

GNM

Date of birth :

Age :

Gender :

Male :

Female:

Religion :

Nationality :

Caste :

Mother Tongue :

Languages Known :

Medium of study :

Academic Qualification

Examination	Year of passing	Institution	University / Board	No. of attempts	Marks obtained	Percentage
H.Sc.						
1.						
2.						
3.						
4.						
5.						
6.						
Total						

GNM/ B.Sc.(N)						
1.						
2.						
3.						
4.						

Address for Communication
with telephone no. :

Address for Local Guardian :
(with telephone number if any)

Any other Qualification :

a. Personal information of family members

Name	Relationship	Age	Education	Occupation

b. Scholarship or special honours
received in school career :

c. List the organization or activities
in which you participated
in School/College :

d. State your hobbies and interests :

Give you reasons for choosing nursing: (in not more than 50 words)

Reference (from at least two persons holding responsible positions and not related to the applicant)

Name:

Name:

Address:

Address:

Phone no.

Phone no.

Signature

Signature

DECLARATION OF THE APPLICANT

I declare that the entries made by me in this form are true to the best of my knowledge. I have gone through the prospectus carefully and undertake to abide by all the conditions, at present in force or that may hereafter be made by the administration of the college. I undertake that I will not do anything unworthy as a student of this College or anything that will interface with its orderly working and discipline. I hold myself responsible for dues and prompt payment of fees. I am aware that the management has full authority to expel me for disinterest in studies and /or misbehavior.

Date:

Signature of the applicant

DECLARATION BY THE FATHER/GUARDIAN

I hereby declare that I hold myself responsible for her good conduct and I have known the financial obligation and I can afford and undertake to pay the tuition and other fees payable to the institution under the rules of the college. I agree to the condition, that on discontinuation of course, I am liable for the payment of entire course fee.

Date:

Signature of the Father/Guardian