



## SACRED HEART COLLEGE OF NURSING

1006, Karaikkal Road, Muthaiyapillaimandabam,  
Sakkottai (po) , Kumbakonam (tk), Thanjavur (dt)-612401

Phone: 0435-2410180, 2410181, Mobile:9791173970

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

1. Read all instructions carefully before you start filling in the application form
2. The applicant 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 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 application 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**

**Director**



## SACRED HEART COLLEGE OF NURSING

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Phone: 0435-2410180, 2410181, Mobile:9791173970

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

1. Read all instructions carefully before you start filling in the application form.
2. The applicant 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

Photo

3. Only the candidate should fill in the application form

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**

I----- [Name in full] son/Daughter of -----  
here by solemnly declare that the information furnished and the statement given in the application 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 M.Sc. (Nursing) degree course in  
\_\_\_\_\_(batch)

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

**Principal**

**Director**



- |   |   |                                      |
|---|---|--------------------------------------|
| 1. Name of the Applicant<br>(IN BLOCK LETTERS as given in school records) | : |                                      |
| 2. Age & D.O.B<br>(As per HSc Mark sheet/TC)                              | : |                                      |
| 3. Gender   | : | Female                               |
| 4. Religion   | : |                                      |
| 5. Community(Name & Category)   | : | _____ BC / MBC / SC / SCA / ST or OC |
| 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 allotted	Marks secured	School where studied	No.of Attempts
a. Higher Secondary		Physics  Chemistry  Botany  Biology  Zoology  Maths  Tamil  English  Vocational Nursing				
b. Others if any						

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 :

**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.Sc Mark Sheet
3. TC
4. Community Certificate
5. Conduct Certificate
6. Medical Fitness
7. Blood group 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 application 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\_\_\_\_\_  
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Place:\_\_\_\_\_

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

Signature of parent/guardian

**FOR OFFICE USE**

The candidate is admitted to three year DGNM, (Nursing) course in  
\_\_\_\_\_(batch)

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

**Principal**

**Director**



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Photo

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

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

- |   |   |                                     |
|---|---|-------------------------------------|
| 1. Name of the Applicant<br>(IN BLOCK LETTERS as given in school records) | : |                                     |
| 2. Age & D.O.B<br>(As per HSc Mark sheet/TC)                              | : |                                     |
| 3. Gender   | : | Female                              |
| 4. Religion   | : |                                     |
| 5. Community (Name & Category)  | : | _____BC / MBC / SC / SCA / ST or OC |
| 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 allotted	Marks secured	School where studied	No.of Attempts
a. Higher Secondary		Physics  Chemistry  Botany  Biology  Zoology  Maths  Tamil  English  Vocational Nursing				
b. Others if any						

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 :

- 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.Sc Mark Sheet
  - 3. TC
  - 4. Community Certificate
  - 5. Conduct Certificate
  - 6. Medical Fitness
  - 7. Blood group certificate

**DECLARATION BY THE APPLICANT**

I----- [Name in full] son/Daughter of -----  
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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 Four year B.Sc, (Nursing) course in  
\_\_\_\_\_(batch)

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

**Principal**

**Director**



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# APPLICATION FOR ADMISSION TO DMLT

## (Diploma in Medical Laboratory Technology)

1. Read all instructions carefully before you start filling in the application form.
2. The applicant 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

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

- |   |   |                                     |
|---|---|-------------------------------------|
| 1. Name of the Applicant<br>(IN BLOCK LETTERS as given in school records) | : |                                     |
| 2. Age & D.O.B<br>(As per HSc Mark sheet/TC)                              | : |                                     |
| 3. Gender   | : | Female                              |
| 4. Religion   | : |                                     |
| 5. Community ( Name & Category )  | : | _____BC / MBC / SC / SCA / ST or OC |
| 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   | : | .....<br>.....<br>.....             |
|   | : | .....                               |
| 15. Contact Number  | : | .....                               |

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

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

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 :

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

- 1. S.S.L.C Mark Sheet
- 2. H.Sc Mark Sheet
- 3. TC
- 4. Community Certificate
- 5. Conduct Certificate
- 6. Medical Fitness
- 7. Blood group 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 application 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 DMLT course in  
\_\_\_\_\_(batch)

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

**Principal**

**Director**