



SACRED HEART COLLEGE OF NURSING

1006, Karaikkal Road, Muthaiyapillaimandabam,
Sakkottai (po) , Kumbakonam (tk), Thanjavur (dt)-612401
Phone: 0435-2410180, 2410181 Mobile : 9791173970

APPLICATION FOR ADMISSION TO 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 in the application form

Photo

(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 (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_____
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 Four year B.Sc, (Nursing) course in
_____(batch)

Date of admission: _____

Principal

Director