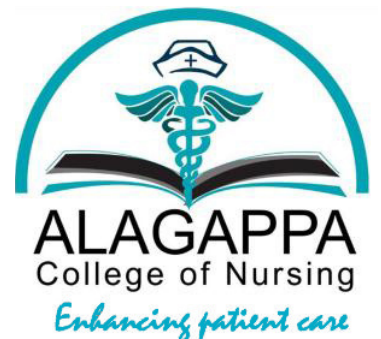


ALAGAPPA COLLEGE OF NURSING

Alagappapuram, Karaikudi - 630003

Tel : 04565230394, 9003088420, 9080021245

E-mail : nursing@alagappa.org Website : alagappanursingcollege.com



APPLICATION FORM FOR B.Sc NURSING COURSE

APPLICATION NUMBER

Passport Size
Photo

1) Name in full (IN BLOCK LETTERS) *

a. (In English) :

b. (In Mother
Tongue) :

2) Sex * :

3) Copy of Birth Certificate
to be enclosed *

:

4) Place of Birth *

:

5) Mother Tongue *

:

6) Marital Status *

:

7) Nationality *

:

8) State & District *

:

9) Town/Village *

:

10) Father's/Guardian's Name *

:

Mother's Name *

:

11) Occupation *

a. Father

:

b. Mother

:

12) Annual Income *

:

13) Permanent Address with
Pin Code (Enclose Proof) *

:

.....

14) Present Address with Pin
Code (i.e Communication
Address) *

:

.....

Landline No. *

:

Mobile No. *

:

15) ACADEMIC RECORD *

- a. Qualification (Enclose Proof [Mark Sheet]) * :
- b. Year of Passing the examination * :
- c. Register Number * :
- d. Name of the Board of Examinations * :
- e. If discontinued from any College, Name of the College Studied * :
- f. Place & State of study * :
- g. Number and date of Transfer Certificate Attested copy to be enclosed and Original to be submitted at the time of Admission.

16) DETAILS OF EXAMINATION PASSED *

Examinations Passed	Name of the		Month & Year of passing	Registration Number	Class with Grade / Marks	Maximum Marks
	School / College	Board / University				
S.S.L.C. / 10th Std.						
P.U.C. / 12th Std.						
Diploma Course						
Degree Passed						

- 17) Number of attempts * :
- 18) Medium of Instruction in +2 * :
- 19) Whether in need of Hostel accommodation. * :
- 20) Any other course of study now if so,
 a. Name of the Course* :
- b. Year of joining * :
- 21) Recipient of Any scholarship if yes submit details *.
- 22) Registration fee of Rs.1500/- is enclosed DD No.
 Dated
 DD for Rs.1500/- to be drawn in Favor of "Dr Alagappa Chettiar Educational Trust, payable at Karaikudi".
- 23) I Parent / Guardian of
 Declare that I shall meet the expenses of the applicant while she/he is a student in the Alagappa College of Nursing, Karaikudi.

DECLARATION

We declare that the information given in the form is correct and hereby agree to abide by rules of the institution. If the Management finds any false information the Candidate's Admission will be cancelled.

Signature of the Candidate

Place :

Date :

Signature of the Parent / Guardian

INSTRUCTIONS

- 1) The application should be filled & signed by the candidate only.
- 2) Registration fee of Rs.1500/- is enclosed DD No.
Dated..... DD for Rs.1500/- to be drawn in Favor of
"Dr Alagappa Chettiar Educational Trust, payable at Karaikudi".
Is attached.
- 3) Copy of Certificates should be enclosed,
 1. AADHAR CARD
 2. Transfer Certificate with EMIS NUMBER, Course of study certificate.
 3. SSLC or Equivalent board Exam Mark Sheet
 4. From the competent Authority countersigned by
 5. +2 or equivalent mark sheet
 6. Community Certificate
 7. Conduct Certificate from the Institution last studied
 8. Income Certificate
 9. Nativity Certificate
 10. Stamp Size Photo – 2 Nos & Passport Size Photo – 10 nos
- 4) Students of other states and overseas should produce Migration, Eligibility Certificate from the Tamil Nadu Dr.MGR University, Chennai.
- 5) Incomplete or Late submission of Application will be rejected.
- 6) Physical fitness certificate to be produced at the time of joining
- 7) All Original Certificates should be submitted at the time of joining
- 8) The completed Application Form to be submitted in our Trust Office, Alagappapuram, Karaikudi.

Age Limit :- Candidate should have completed the age of 17 years at the time of admission.