

(Approved by Govt. of Tamilnadu, Recognized by Indian Nursing Council and Tamilnadu Nursing Council & Affiliated to Tamilnadu Dr.M.G.R. Medical University)

Chennai-Trichy Highway (NH-45) E.S Nagar, V.Salai, Vikravandi - 605 652

Application No.:

Admission No.:

Date of Admission:

For Office Use Only:

Admission Quota	
Verified by HOD	
Approval by Principal	
Scholarship Eligibility	
Hostel / Day scholar	Hostel Application No:
Applied for Counselling	Yes / No

Application for (all courses)	B.Sc. Nursing	P.B.B.Sc. Nursing	M.Sc. Nursing	DGNM	DMLT	ANM	
1. Name (In BLOC (As per +2 Mark She		:					
2. Father's Name		:					Please affix Passport Size
3. Mother's Name		:					atest Colour Photograph
4. Sex		:					
5. Date of Birth &	Age	:					
6. Marital Status		:					
7. Religion		: Hindu/Muslin	n/Christian				
8. Caste & Comm	unity	:	/OC	/BC/MBC/	SC/ST/S	C-Conv	erted Christiar
9. Guardian's Nan	ne (If Applicable)	:					
10. Address of the	Parent / Guardia	n					

PERMANENT ADDRESS				PRESENT	ADDRESS
Door No / Street :		Door No	/ Street	:	
Village / Post :		Village /	Post	:	
Taluk :		Taluk		:	
District :		District		:	
Telephone No.:		Telephor	ne No.:		
Mobile Number:		Mobile N	lumber:		
E-Mail:		E-Mail:			
	Pin Code :				Pin Code :

11. Academic Record (As per +2 Mark Sheet)

Subjects	Total Marks	Marks Obtained	Medium of Instruction	Month & Year of Passing	Name of the Institution & Address	Register No.	Name of the Board
Tamil / Other							
English							
Physics							
Chemistry							
Biology							
Botany							
Zoology							
Mathematics							
Total							

12. Percentage of Marks Obtained

a.Total Percentage:

b.PCB Percentage:

13. S.S.L.C Marks (As per M	lark Sheet)
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Subjects	Total Marks	Marks Obtained	Medium of Instruction	Month & Year of Passing	Name of the Institution & Address	Register No.	Name of the Board
Tamil / Other							
English							
Science							
Mathematics							
Social Science							
Any other							
Total							

English									
Science									
Mathematics									
Social Science									
Any other									
Total									
14. Percentage	•	•	: More than 50	Words)					
16. Family Det	ails:								
Name of the Family Members	Relationship	Age	Educational Qualification	Occupat	ion	Inco (Per Ar		Parent' Health state	
17. Educationa	al Qualificatio	n (Applicable	to students w	ho apply for E	3.Sc. (N) / Pos	t Basic	B.Sc. (N	l) only)
Course	Name of the Board / University / Council	Name of the College / School	Month & Year of Passing	Course Duration		regate arks		ntage / ade	Register Number
B.Sc. (N) / DGNM									
Any Other (Specify)									
18. Registratio	n details of Ta	milnadu Nurse	es and Midwive	es Council: (A	pplica	ble to P.I	B.B.Sc.	(N) & M.:	Sc.(N) only)
RN. No:		RM.No:	Da	ate of Registra	tion:				
19. Eligibility	Certificate (F	rom Dr.M.G.R.	MEDICAL UN	IVERSITY FOR	R THE	CURRE	NT YEA	\R):	
		e B.sc.(N) cand			N) Cai	ndidates)		
20. Migration (Certificate (ot	her state Cand	lidates):						
Certificate	No:)ate:						

21. Professional Experience

Name of Organization	Designation	Date of Joining	Last Working day Date of Relieving	No of Years / Months served

22. Documents / Photos Required : (Don't send originals by post or courier)

Name of the Document	No of Copies	Check	Verified by Name and Signature
a) X Mark sheet	5		
b) XII Mark Sheet	5		
c) Transfer Certificate	5		
d) Community Certificate	5		
e) Income Certificate	3		
f) First Graduation Certificate (If Applicable)	2		
g) Conduct Certificate	2		
h) Allotment Order(If Govt. Quota)	2		
I) Medical Certificate	2		
i) Blood Group Certificate	2		
ii) Hemoglobin Level Report	2		
k) Recent Color Passport Size Photo with name	10		
l) Rs.5 Envelope cover self addressed	5		

23. Important Note:

- a. Submit the original certificates during admission. The original certificates shall be returned after successful completion of programme.
- b. All certificates should bear the name as per S.S.L.C certificate. Any Change in the name should be accompanied by a necessary affidavit.
- c. Selection & management committee has the sole authority for selection & admission of students.
- d. Though students are selected by the college, if not approved by university, the "Transfer Certificate" will be issued without any refund of the fees paid.
- e. If he/she discontinue his/her studies in the middle of the course, he/she should pay the total fees for the relevant academic year.
- f. Ragging, gambling, protest will not be permitted within the campus. If found the candidate will be suspended for six months/terminated from the course.
- g. Mobile phones are strictly not allowed within the campus. If found will be seized and will not be returned at any cost.

NOTE: Candidates who are all eligible for Scholarship has to submit the necessary documents on / or before 30th September of every year along with application. Scholarship cannot be claimed in case of belated submission.

Declaration

· · · · · · · · · · · · · · · · · · ·	nd correct to the best of my knowledge. And I have read the he event of my violation of any of the rules and regulations, er I consent to undergo the course for its full duration.
I undertake that I will not cause disrespect or loss of rep which amounts to indiscipline, warrants dismissal from the	outation by indulging in malpractices or immoral or illegal acts e college.
Parent's Name:	Signature of the Parent:
Name of the Applicant	Signature of the Applicant:
"E.S COLLEGE OF NURSING, Payable at Villupura E.S.College of Nursing, V.Salai, Vikravandi, Villupuram 294446 on or before	y attaching a DD or Cash for Rs.350/- in favor of mm". Completed Application shall be sent to, The Principal, a Tk. & Dt. 605652, Phone: +91 4146-294444, 294445 and TEAR 20 - 20 members are allowed to visit the candidates in the