

Application No:



**LOURDES SCHOOL of NURSING**

Sidhi Sadan, Chembumukku, Thrikkakara P.O., Kochi – 682 021, Kerala  
Ph: 0484-2421998, 2422143, Fax: 2422114,  
E-mail: [lourdesschoolofnursing@gmail.com](mailto:lourdesschoolofnursing@gmail.com)  
Web: [www.lourdescollegeofnursing.in](http://www.lourdescollegeofnursing.in), [www.lourdeshospital.in](http://www.lourdeshospital.in)

**APPLICATION FOR GENERAL NURSING & MIDWIFERY COURSE**

1. Full Name of the Candidate (in Capital letters) : .....
2. Name in Mother Tongue : .....
3. Age and Date of birth as in S.S.L.C. Book : Age:..... Date of birth:.....  
(Christian Era)
4. Gender : Male  Female
5. Religion and Caste : .....
6. If Catholic, mention the Diocese and Parish : .....
7. Nationality and State to which you belong : .....
8. Aadhar Number : .....
9. Mother Tongue : .....
10. Languages known : .....
11. Height and Weight : Height ..... cms. Weight.....kg
12. Health condition (mention if any history of Chronic illness or physical defect is present) : .....
13. Name of the Parent / Guardian : .....
14. Occupation of the Guardian : .....
15. Telephone Number with STD : .....
16. Permanent Address with pin code : .....  
.....  
.....  
.....
17. Address for Correspondence with pin code : .....  
.....  
.....  
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**18. EDUCATIONAL QUALIFICATION - Details of Plus Two**

Name of the School/College / Board	Year & Date of Passing	Marks / Grade	Percentage

Subjects				
Marks/Grade				
Percentage				

19. Specify if any other courses done : .....
20. Particulars of merit certificates in sports, Games and other extracurricular activities : .....
21. Brief Family History :

Sl No	Name	Relation	Age	Living/Dead	Education	Occupation	Monthly Income	Health Status
I.								
II.								
III.								
IV.								
V.								

**22. DECLARATION BY THE APPLICANT**

I, (Name) ..... hereby declare that I have carefully gone through the Prospectus received along with the application and I promise to abide by the rules and regulations of the institution. I further declare that I have no physical or mental disability that disqualify me for admission and that the statements made by me in the application and the documents production in support thereof are true to the best of my knowledge and belief.

Station : ..... Signature : .....

Date : ..... Name : .....

**23. DECLARATION BY THE GUARDIAN**

I, (Name)..... have carefully gone through the Prospectus and I undertake in the event of the above applicant being admitted, to pay regularly all the hostel and other dues till the completion of the course.

Station : ..... Signature : .....

Date : ..... Name : .....

**The following documents are to be submitted along with the application to the Principal's Office.**

- Mark list of S.S.L.C.
- Mark list of Plus two or equivalent.
- True copies of relevant certificates/ documents in supports of columns 18 to 20 should be attached along with the application

**FOR OFFICE USE ONLY**

Received and Verified by:..... Date:..... Admission No: .....

Fee paid:..... Remarks: .....

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