

Application No:



LOURDES SCHOOL *of* NURSING

Sidhi Sadan, Chembumukku, Thrikkakara P.O., Kochi – 682 021, Kerala

Ph: 0484-2950301, 2950302, Fax: 2950303.

E-mail: lourdesschoolofnursing@gmail.com

Web: www.lourdescollegeofnursing.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:.....
4. Gender :
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. Whether single, married, widowed or legally Divorced without encumbrance :
12. Height and Weight : Height cms. Weight..... kg
13. Health condition (mention if any history of Chronic illness or physical defect) :
14. Name of the Parent / Guardian :
15. Relationship with Guardian :
16. Occupation of the Guardian :
17. Telephone Number with STD code/Mob. No :
18. Application fee details :
19. Permanent Address with Pin code :
.....
.....
.....
20. Address for Correspondence with Pin code :
.....
.....
.....
19. Email ID :
20. Number of appearance for +2/Equivalent exam :

21. (a) EDUCATIONAL QUALIFICATION - Details of Plus Two

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

(b) Details of Plus Two Optional subjects

Optional Subjects				
Marks/Grade				
Percentage				

22. Specify if any other courses done :

23. Particulars of merit certificates in sports, games and other extracurricular activities :

24. Brief Family History :

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

25. 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 produced in support thereof are true to the best of my knowledge and belief.

Place : Signature :

Date : Name :

26. DECLARATION BY THE GUARDIAN

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

Place : Signature :

Date : Name :

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

- Self attested copy of S.S.L.C mark list.
- Self attested copy of Plus two or equivalent mark list.
- True copies of relevant certificates/ documents in support of columns 22 & 23 should be attached along with the application

FOR OFFICE USE ONLY

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

Fee paid:..... Remarks: