

SPM COLLEGE OF NURSING

(A Unit of Shivparvathi Mandradiar Educational Trust)
PALAYAKOTTAI. Erode - 638 108. Tamilnadu.
Ph: 04257 - 241411, 241800, 242200 Fax: 0424 - 2335202

e-Mail: spmihs@rediffmail.com

App. No.	is subally a						
Ва	Batch						
200	20						

APPLICATION FORM FOR ADMISSION to B.Sc. (Nursing)

1.	Name of the Applicant (in Capital Letters)	:	
2.	Name of the Parent / Guardian	:	РНОТО
3.	Occupation of the Parent / Guardian	:	musik
4.	Annual Income of the Parent / Guardian	:	
5.	Date of Birth	:	Date Month Y e a r
6.	Sex	:	Male Female
7.	Nationality	:	Indian Others Specify
8.	State	:	Tamilnadu Kerala Others (Specify)
9.	Mother Tongue	:	
10.	Religion	:	Hindu Muslim Christian Others (Specify)
11.	Caste	:	
12.	Community	:	FC BC MBC SC ST Others
13.	Address for Communication	:	
14.	Phone No.	:	Resi: Cell:
15	Permanent Address		

6. Phone	e No.		Cell:						
7. Local	Guardian Addres	SS	:						
8. Phone	e No.		: Resi:		Cell:				
9. Medi	um of Study in +2	2	: English / Tamil / Malayalam / Telugu/ Kannada / Others						
0. QUA	LIFYING EXA	MINATION PASSEI	: H.Sc / CBSE	/ Others					
	School	Board		Duration Study		Year & Month of Passing			
1 MAE	RKS OBTAINEL	1 st Atte	empt		2 nd Atte	mpt			
S.No.	Subject	Month & Year of passing	I REGISTELINO.		Max Marks Marks obtained				
				TOTAL		1			
2. Aggre	gate percentage o	of marks (PCBE)							
Date :									
Place:				Signature of	the Applicar	nt			
				"Bilatare of	потърнош				

DECLARATION

- I declare that all the particulars mentioned above are true to the best of my knowledge. If there is any discrepancy found in my certificates, I shall liable to forfeit my seat and removal from the roll of the institution, at whatever stage of my study may be, besides making me liable for criminal prosecution.
- I will abide by the rules and regulations in-force of the University and Institution.
- If I am found to be involved in any kind of ragging activities, I will be bound for any kind of action taken by concerned authorities.
- If I am found to be involved in any kind of activities leading to damaging the properties of the institution, I will be bound for any kind of action taken by the college authorities.

Date : Place :

Signature of the Parent / Guardian

Signature of the Applicant

Copies of certificates to be enclosed

- 1. 10th Mark Sheet
- 2. Higher Secondary Mark Sheet
- 3. Transfer Certificate
- 4. Community Certificate
- 5. Migration Certificate (other than Tamilnadu candidates)
- 6. Eligibility Certificate (other than Tamilnadu candidate)
- 7. Conduct Certificate
- 8. Passport size color Photo 10 Nos
- 9. Stamp size color Photo 5 Nos
- 10. Any other relevant certificates

OFFICE USE ONLY

Certificates were verified and found to be correct.

The candidate is eligible for admission.

Date:

Place:

Signature of the Verifying Officer