



M.A.M. COLLEGE OF NURSING

Trichy - Chennai Trunk Road, Siruganur, Tiruchirappalli - 621 105.

82200 01736 / 8220013689 E-Mail: mamcon2011@gmail.com

APPLICATION FORM FOR ADMISSION TO BACHELOR OF SCIENCE IN NURSING

(B.Sc., / P.B.B.Sc., NURSING) FOR THE YEAR 20 -20

- 1) Read all the instruction carefully before filling up the application form.
- 2) Mark (✓) in appropriate box wherever applicable.
- 3) The candidate should ensure that correct marks, age & Community details are furnished by him/ her in his / her application form

Application No :

Please affix
Passport size
Photograph
(in colour)

1. Name of the Applicant :

(in Block letter as seen in School records)

2. Date of Birth & age :

3. Religion :

4. Nationality :

5. Caste & Community :

6. Father's Name :

7. Address for Communication (With Telephone Number if any)

8. Name and Address of local guardian : _____
(With Telephone number if any)

9. Month Tongue : _____

10. Language Known:

| S.No. | Languages | Speak | Read | Write |
|-------|-----------|-------|------|-------|
| | | | | |

11. Blood Group with R.h Factor _____

12. Proficiency in games and other _____
extra - Curricular activities
(Attach attested copies of the certificates)

13. Academic Qualification _____

| S.No. | Exam Passed | Medium of Instruction & Year of Passing | Medium of the Institution, Address . | University / Board | Subjects | Marks obtained | Percentage & | Attempt of Passing |
|-------|-------------|---|--------------------------------------|--------------------|----------|----------------|--------------|--------------------|
| | | | | | | | | |

14. Any Other Qualification : _____

15. Family Details _____

(Father, Mother, Brother's & Sister)

| S.No. | Relationship with Students | Age | Educational Qualification | Occupation | Income P/A | Residence Address |
|-------|----------------------------|-----|---------------------------|------------|------------|-------------------|
| | | | | | | |

16. Give Your reason for Choosing nursing : _____

17. DECLARATION

I do hereby declare that all the particulars given in the application are correct to the best of my knowledge and belief. I shall abide by all the rules and regulations governed by the college.

Place : _____

Date : _____

Signature of the Parent / Guardian

Signature of the applicant

Note : Please enclose the following Xerox Copies of Documents.

1. T.C. Original
2. Original Mark Sheets of X & XII Std.
3. Community Certificate Original
4. 10 Copies of Passport Size of Photograph.
5. Physical Fitness certificate Original
6. Aadhar Card Xerox

DISCIPLINE DECLARATION BY CANDIDATE

I _____ D/O _____ the under signed, a Student Selected for admission in the B.Sc.,(Nursing) Course in M.A.M College of nursing, Tiruchirappalli, do hereby agree to the rules and regulations including those relating to the hostel laid down or to be laid down hereafter by the administration of the college for due maintenance of the discipline. I Undertake that I will not do anything unworthy as the student of the college or anything that will interfere with its orderly working and discipline. I am aware that the management has full authority to expel me for disinterest in studies and / misbehavior.

Date :

Signature of the Candidate

DECLARATION BY FATHER / GUARDIAN OF THE CANDIDATE

I hereby declare that I hold myself responsible for my daughter's good conduct during the course of her studies. I have knoen the financial obligation towards the payment of the tuition and other fees payable to the institution under the rules of the College.

Date :

Signature of the Father / Guardian

RAGGING DECLARATION BY THE CANDIDATE AND THE FATHER /GUARDIAN

I _____ D/O _____
a candidate seeking admission in B.Sc., (Nursing) Course hereby solemnly
declrant i will not indulge or participate in any ragging throughout my study period
and if found to have indulge in ragging in anytime I am aware that I will be removed
from the institution at whatever stage of study and criminal action will be taken
against me.

Signature of the Father / Guardian

Signature of the Candidate

Witness :

Name and Address :

1)

2)