

St. JOHN'S COLLEGE OF NURSING, VELLORE-11.

G.O.Ms. No.593 (Health) Dt:4.11.98

Affiliated to the TN.Dr.MGR.Medical University, Chennai-32

Approved by the Tamil Nadu Nurses & Midwives Council, Chennai-14. Approved by the Indian Nursing Council, New Delhi.



St. JOHN'S SCHOOL OF NURSING

G.O.M.S.No.609(H) Dated : 12.05.1993 Approved by the INC, New Delhi & TNC, Chennai-4.

APPLICATION FORM

S.No.

Application No.

B.Sc., Nursing / GNM

Duration : 4 Years

3 Years

1. NAME IN FULL.....
(In Block Letters - as entered in HSC Certificate)
2. FATHER'S NAME.....
3. DATE OF BIRTH.....
4. PLACE OF BIRTH.....
5. AGE.....
6. SEX.....
7. NATIONALITY.....
8. RELIGION.....
9. COMMUNITY.....
10. SUB CASTE.....
11. MARTIAL STATUS.....
12. ADDRESS :

PERMANENT ADDRESS	PRESENT ADDRESS
PIN :	PIN :
Phone No.	Phone No.

13. NAME, RELATIONSHIP AND ADDRESS OF LOCAL GUARDIAN :

NAME :

RELATIONSHIP.....

ADDRESS :



Application No.

Name of the Student

Date

Place

Staff Signature

Student Signature

14. LANGUAGES KNOWN : TOWRITE TOREAD TOSPEAK

1.....

2.....

3.....

4.....

16. EDUCATIONAL QUALIFICATION

EXAM PASSED	SUBJECTS STUDIED	MARKS OBTAINED	MEDIUM	YEAR OF PASSING	% OF MARKS	NAME OF THE SCHOOL
HSC PDC PUC						

Signature of Applicant :

Signature of Parent/Guardian :

Witness:

Date :

Place :

Date of application issued :

Date of application received :

Name of the Student : Application No :

Place : Date :



Student Signature

Staff Signature