



PGP COLLEGE OF NURSING AND RESEARCH

NAMAKKAL - 637 207

(Approved by Govt. of Tamilnadu G.O (Ms) No. 246, Affiliated to the Tamilnadu Dr. M.G.R. Medical University, Chennai.,

Recognised by Indian Nursing Council, New Delhi & Tamilnadu Nursing & Midwives Council, Chennai.)

Phone : (04286) 267592, 267593, 8939808576 Email : nursing@pgpews.com Fax No. : 04286-267593



APPLICATION FOR B.Sc. NURSING COURSE - (4 years)

**Affix
Photo**

(Kindly fill the application in CAPITAL LETTERS)

- 1 Name of the Candidate :
(As given in the School Leaving Certificate)
- 2 Gender :
- 3 Age, Date and Place of Birth :
- 4 a) Father's Name & :
Mother's Name
- b) b Parent's Occupation & :
Income per annum
- 5 Permanent Address of the Parent :
Guardian with Phone No. & E-mail Id
- 6 Nationality, Religion, Caste :

Category : OBC / BC / MBC / SC / ST
- 7 Mother Tongue :
- 8 Medium of Instruction in the : English / Tamil or Specify.....
12th Standard
- 9 State of which the applicant : Tamilnadu / Other State
belongs to
- 10 Have you been a student in any :
class of any Professional College :Yes / No.
If yes, Specify the course and year
of the study

(b) Marks obtained in the H.Sc. (or) Equivalent Examination :

Subject	Registration No.	Month & Year of Passing	Marks Obtained	Maximum Marks
Physics				
Chemistry				
Botany				
Zoology				
Biology				
Mathematics				
English				
Tamil				
Total / Percentage				

12. If living with guardian : Yes / No

(a) Name :

(b) Occupation & Income per annum :

(c) State relationship with guardian :

13. Whether the candidate has any :
Physical disability, If so specify
the nature of disability.

14. Do you require Hostel Accommodation : Yes / No.

15 Have you participated in Games / :
Athletics at District / State/
National Level?

DECLARATION BY THE PARENT / GUARDIAN AND THE CANDIDATE

WeS/o/D/o..... do hereby agree to abide by the rules and regulations of the College/Hostel. We agree to the decision of the college/Hostel, if any violation of rules and regulations. We undertake that information furnished by us in this application is true and correct and I undertake that any wrong information furnished by me, detected afterwards will be treated as cognizable offence. The fees one paid will not be refunded.

We further undertake that my ward will not involve in any ragging activities in the college and hostel premises. We understand and accept that criminal case will be filed against my ward if He / She indulge in ragging.

Signature of the Candidate

Signature of the Parents / Guardian

Place :

Date :

OFFICE USE ONLY (Not to be filled by candidate)

1. Registration No. :

2 Date of Admission :