

Application No. _____



IRINJALAKUDA CO-OPERATIVE SCHOOL OF NURSING

IRINJALAKUDA CO-OPERATIVE HOSPITAL LTD.,
KOLOTHUMPADI, NADAVARAMBA P.O., PIN - 680 661
PH : 0480 - 2670700, (5 LINES) Email : icsonijk@gmail.com

AN ISO 9001 : 2008 CERTIFIED HOSPITAL NABH ACCREDITED

APPLICATION FORM FOR ADMISSION TO THE GENERAL NURSING AND MIDWIFERY INTEGRATED COURSE FOR THE YEAR 20.....

1. Name & Present postal address :
(in block letters) :
:
:
:
:
Contact Phone No. :

2. Name & Permanent postal address :
(in block letters) :
:
:
:
:
Contact Phone No. :
Email ID :
Aadhar No. :

3. Age & Date of Birth :
4. Caste & Religion :
5. Whether Single / Married / Widow :
6. Educational Qualification :
7. Number of appearance and Total marks in Plus Two :
8. Percentage of Total Marks :

9. Name & Address of Guardian :

(a) Relationship of the applicant to the guardian:

(b) Occupation :

(c) Income of the Guardian :

DECLARATION BY THE APPLICANT

I (Name).....here
by declare that I have carefully gone through the prospectus 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
disabilities that disqualify me for admission and that the statement made by me in this application
and the documents produced in support thereof are true to the best of my knowledge and belief.

Place.....

Signature.....

Date.....

Name.....

DECLARATION OF THE GUARDIAN

I (Name).....have carefully gone through the pro-
spectus and I undertake in the event of the above applicant being admitted, to pay regularly all the hostel and
other dues till the completion of the course.

Place.....

Signature.....

Date.....

Name.....

- (1) True Copies of certificates (SSLC, Plus Two) attached along with the application.
- (2) Original Certificates shall not be forwarded along with the application form. Original certificates shall be produced at the time of interview.