

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 :		WAS MENTAGE A SECRET
	(in block letters)		
	A.		1 (Name)
			and almost the same of the same board to the majorb will
	scius glong with the application and I promis	200	THE RECTIONAL STREET DAYS THE CONT. AND STREET, AND
	unher declare that I have no physical or ment		to 35ide by \$1e rules and regulations of the institution
			disquilles that decreatly me for edimeston and the
	Contact Phone No.		THE THE SECRET HAS BEEN ON A COUNTY OF THE SECOND S
	Contact Frione No.		and the documents produced in support thereof are that
2.	Name & Permanent postal address		
	(in block letters)		
	(
	HE CUARDIAN		10 FOREST TOTAL
			Access (A) 1
	Art of a right or desirable functions of the community		
	Contact Phone No.		sorous exode primic toeve an in evishely of the europe
	Email ID	:	
	Aadhar No.	:	
2	Age & Date of Birth		
٥.	Age a Date of Girdi		
4.	Caste & Religion		
-	No. 11 Objects (NA) and (NA) down		
5.	Whether Single / Married / Widow	•	
6.	Educational Qualification	ort	ostie cevil sol ^{eg} 0.2.23 aseros in 1900 in 1900 and 190
7.	Number of appearance and Total marks in Plus Two		
8	Percentage of Total Marks	:	
-			

9. Name & Address of Guardian :	on nonsinge
SVITARE90-0	DAGUNAJAMINE Z
NURSING	90 (CO202)
	AERO-OD AGUDALAKUDA CO-OPERA
	GAVACIAN MAGNISTRATION 25 AND
Fig.	4 (8 THE 8) (0000 252 0000 : H4
(a) Relationship of the applicant to the guardian:	BERTHER SOOS - FOOR ORL MA
(b) Occupation	APPLICATION FORM FOR
sinide adamesti habbeatus, ortan	
(c) Income of the Guardian :	
DECLARATION E	BY THE APPLICANT
I (Name)	here
	prospectus along with the application and I promise
	ion. 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	e true to the best of my knowledge and belief.
	Signature
Place	
Date	Name
DECLAPATION (OF THE GUARDIAN
DECLARATION	OF THE GUARDIAN
I (Name)	have carefully gone through the pro-
	plicant being admitted, to pay regularly all the hostel and
other dues till the completion of the course.	
	0:
Place	Signature
Date	Name
(1) True Copies of certificates (SSLC, Plus Two) a	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.