



SHIFA INSTITUTE OF MEDICAL SCIENCES

ALSHIFA SCHOOL OF NURSING

LEMON VALLEY, T.B. ROAD, ANGADIPURAM, PERINTALMANNA - 679 321

Phone: 04933 224298, 224299

APPLICATION FOR ADMISSION TO THE GENERAL NURSING AND MIDWIFERY INTEGRATED COURSE FOR THE YEAR 200... - 200...

(Recognised by the Kerala Nurses & Midwives Council and Approved by Indian Nursing Council, New Delhi)

1. Name and present postal address :
(IN BLOCK LETTERS)
2. Name and permanent postal address :
with telephone number if any
3. Sex :
4. Age and Date of birth (Christian Era) :
5. Caste and Religion :
6. Whether single/Married/Widow :
7. Height and Weight :
8. Educational Qualification(s) :
9. Number of appearance for plus two/
equivalent examination :
10. Marks for (plus two/equivalent examination) : Class/Rank if any for plus two/equivalent
percentage Examination

Subject	Marks	Percentage
a) Physics		
b) Chemistry		
c) Biology		
Total Marks		

11. Name & address of the guardian :
- a) Relationship of the applicant :
with the guardian
- b) Occupation of the guardian :
- c) Income of the guardian :

DECLARATION BY THE APPLICANT

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

Station:

Signature:

Date:

Name:

DECLARATION OF THE GUARDIAN

I (Name) have carefully gone through the prospectus 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 which she/he will be called upon to pay whether a stipend is paid to her/him or not and to execute a Bond for the stipend paid to her/him.

Station:

Signature:

Date:

Name:

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- Note:
1. Duplicate copy of the application form duly filled up and signed together with the enclosures shall be sent to the Registrar, Kerala Nurses & Midwives Council, Red Cross Road, Thiruvanthapuram - 35 "UNDER CERTIFICATE OF POSTING".
 2. True copies of certificates/ documents in support of column Numbers 3, 7 & 9 should be attached along with the application.
 3. Original certificates shall not be forwarded along with the application form, original certificates shall be produced at the time of interview.