

Application No.

Form No. 2

ORIGINAL



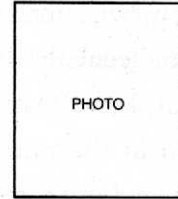
SHIFA INSTITUTE OF MEDICAL SCIENCES
SCHOOL OF NURSING
AL SHIFA HOSPITAL

PERINTALMANNA - 679 322, MALAPPURAM DISTRICT, KERALA

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

APPLICATION FOR THE ADMISSION TO THE GENERAL NURSING AND MIDWIFERY

INTEGRATED COURSES FOR THE YEAR.....



1. Name and present Postal Address
(In BLOCK LETTERS) ...

2. Name and Permanent Postal Address
(In BLOCK LETTERS)
with telephone Nos. ...

3. Sex ...

4. Age and date of birth (Christian Era) ...

5. Caste and Religion ...

6. Whether Single/married/widow/divorcee ...

7. Educational qualification (s) ...

8. Number of appearance for P.D.C. / +2 / VHSC ...

9. Total marks for Pre-degree / +2 / VHSC and percentage. Class / Rank.....

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

10. Name and address of guardian ...

(a) Relationship of 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 this application and 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 statements made by me in this application and the documents produced in support thereof are true to the best of my knowledge and belief.

Station :

Signature :

Date :

Name :

(P.T.O)

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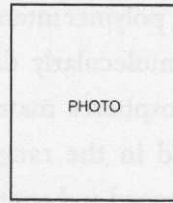
DUPLICATE



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Class / Rank.....

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(P.T.O)

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 will be called upon to pay whether a stipend is paid to her or not and to execute a Bond for the stipend paid to her.

Station:

Signature

Date:

Name

Note: (1) Duplicate copy of the application form duly filled up and signed together with copies of the enclosures (if any) shall be sent to the Registrar, Kerala Nurses and Midwives Council, Red Cross Road, Trivandrum - 37 "UNDER CERTIFICATE OF POSTING"

(2). True copies of the certificates / documents in support of column number 4, 7 and 9 should be attached along with application.

(3) Original Certificate shall not be forwarded along with the application form.

Original Certificates shall be produced at the time of interview