

**GOVERNMENT OF KERALA**  
**DEPARTMENT OF HEALTH SERVICES**

APPLICATION FOR ADMISSION TO GENERAL NURSING AND MIDWIFERY COURSE IN SCHOOL OF NURSING

(Name of District) ..... For 2021 (3 Years Course)

1. Name of Applicant :
2. Age and Date of Birth :
3. Present Address :
4. Permanent Address :
5. Tel No. : Land ..... Mobile .....
6. Chellan.No & Date (Fee Paid) :
7. District to which the candidate belongs :
8. Religion and Caste :
9. Sex :
10. Whether single, married, widowed or legally  
Divorced without encumbrance :
11. Educational Qualification :
12. Number of times appeared for +2 / Equivalent  
Examination :
13. Total Marks obtained for +2 / Equivalent  
Examination :
  - (a) Total Marks obtained for +2 / Equivalent Examination  
in Physics, Chemistry & Biology (or optionals) :
14. Whether the following certificates enclosed  
with the application (Attested Copies) :
  - (a) Certificate to prove Age & Qualification :
  - (b) Community and Income Certificate from  
the Tahsildar, if eligible for reservation benefits :
  - (c) Certificate from the Tahsildar to prove Native  
District if application is submitted to District, other  
than Native District recorded in the Certificate or :  
the Native District not recorded in the Certificate  
produced.

**DECLARATION**

I ..... declare that the details stated above are true  
and the copies of certificates produced are the true copies of the Original Certificates.

Place: .....  
Date: .....

Signature of the Applicant  
Counter Signature of Parent