

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

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

(Name of District) ..... For 2017 (3 Years Course)

1. Name of Applicant :
2. Age and Date of Birth :
3. Present Address :
  
- 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 optional) :
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: .....

Counter Signature of Parent

Signature of the Applicant