

**GOVERNMENT OF KERALA
DEPARTMENT OF HEALTH SERVICES**

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

(Name of District) For 2019 (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 optional's) :
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