

SNEHODAYA COLLEGE OF NURSING

SACRED HEART MISSION HOSPITAL, PULLUR P.O, IRINJALAKUDA

THRISSUR, KERALA, PIN : 680683, 04802826745, 2826545

APPLICATION FORM FOR B.SC. NURSING

Application Form No.:

Name :

Age	:	Date of Birth	:
Sex	:	Nationality	:
Blood Group	:	Religion	:
Caste	:		

Name of the Parent / Guardian	:	Occupation	:
Annual Income	:		

Permanent Residential Address:

Phone No. with STD Code	:	Contact	:
E - Mail	:	Mobile No.	

Address to which Communication is to be sent

Education Profile

Sl. No.	Qualifying Examination	Name of Institution	Year of Passing	% of Marks
1				
2				
3				
4				
5				

Co – Curricular Activities

Sl. No.	Specify the item (Sports / arts)	Name of the Institution (Participated)	Year of Participation	Prizes received
1				
2				
3				
4				
5				

Academic Achievements

Sl. No.	Specify the Achievement	Name of the Institution	Year of Achievement	Prizes received
1				

- 2
- 3
- 4
- 5

Hobbies and Interest

- 1.

- 2.

- 3.

Declaration by the Applicant

I hereby declare that I have carefully gone through the prospectus received along with application and I promise to abide by the rules and regulations of the Institution. I also declare that the above mentioned information are true and correct to the best of my acknowledge and belief.

Place :

Signature of the Applicant

Date:

Name:

Declaration by the Parent / Guardian

I hereby declare that I have carefully gone through the prospectus and I undertake in the event of the above applicant being admitted to pay regularly all the fees and other dues till the completion of the course which he or she will be called upon to pay.

I also declare that I have read the above information given by my ward and declare that the same are true and correct.

Place :

Signature of the Applicant

Date:

Name: