TAGORE COLLEGE OF NURSING

Tagore Medical College & Hospital (Campus)

(Approved by Indian Nursing Council - New Delhi, Tamil Nadu Nurses and Midwives Council, Affiliated to the Tamil Nadu Dr.M.G.R Medical University)

Rathinamangalam, Melakottaiyur Post, Chennai-600 0127, Tamil Nadu, India. Phone No: 044-30102277, Fax: 044-30101100, Email: tagorenursing2017@gmail.com

Administrative Office: No.25, Mahalingam Street, Mahalingapuram, Nungambakkam, Chennai-600 034, Tamil Nadu, India, Tel: 044-28174455/28174499

B.Sc (Nursing) PROGRAMME – APPLICATION FORM

OFFICE USE ONLY:-	ŗ	
Application Number :		Affix
Quota: Govt./Mgt	:	Recent Passport
Govt. Allotment Order Number	:	Size photograph
Government Ranking	:	
(The Application form is to be completed block (capital) letter).	by the applicant in her own handwriting shoul	ld be write in
1. Name of the Applicant	:	
(In Block Letters as seen in HSC Certificate with initial at the end)		
2. Name in Tamil	:	
3. Expansion of Initials	:	
4. Date of Birth: (DD/MM/YYYY)) :	
5. Gender	:	
6. Religion	:	
7. Community (SC/ST/BC/MBC/	OC) : Sub Caste :	
8. Nationality	:	
9. Mother Tongue	:	

10. Blood Group	:
11. First Graduate	: (Yes/No)
12. Do you require Hostel accommodation	: (Yes/No)
13. Do you require College Vehicle	: (Yes/No)
14. Present Address :	
	Dist.
	State : Pin code :
	Mob:E.mail.id
15. Permanent Address :	
(with telephone /mobile number/Email-id)	
	Taluk
	Dist.
	Pin code :
16. Address of Local Guardian :	
(with telephone /mobile number/Email-id)	
	Pin code:
	Contact No

:

17. Native Place

18. Student Bank details	:
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Account Number	Account Name	Name of the	IFSC code	MICR code
		Bank & Branch		

19. Personal Information :

Family Profile:

S.N o	Name	Age	Education	Occupation	Contact Number	Annual Income
1.	Father:					
2.	Mother:					
3.	Brothers/Sisters 1.					
	2.					
	3.					

$20. \ \textbf{Academic Qualification:} (\textbf{12 STD}) \ \ \textbf{Medium of Instruction:}$

Year of Passing	Name of the School	University / Board	Subjects	Marks Obtained	Maximum marks	Aggregate	No. of Attempts

Overall %: PCB% Total Marks:

DECLARATION BY THE APPLICANT

I,	S/o. D/o	hereby
solemnly declare that the community of the by me are correct. I also declare that the and correct to my knowledge. If it is genuine, at any point of time, I will be refund of fees so far been paid.	he statements given in the application found that the certificate produce	on and the enclosures are true d by me are found to be not
Date:	SIGNATURE (OF THE CANDIDATE
Place:		
<u>DECLERAT</u>	TION BY THE PARENT / GUARDI	<u>AN</u>
I	nd the directions of the Hon'ble Suprementation on Curbing the INC Regulations on Curbing the will not indulge in any act of Ragging. y of any aspect of ragging, he/she may	me Court and the Central / State Menace of Ragging in Higher be punished as per the
Date: Place:	SIGNATUI	RE OF PARENT/GUARDIAN
Note for the Candidate:		

Please enclose the following Original Documents:

- a. Photo 5
- b. 10th Mark Sheet
- c. 12th Mark Sheet
- d. 12th Transfer Certificate
- e. Conduct Certificate from the Head of the Institution, wherein the candidate studied for her qualifying examination.
- f. Community Certificate
- g. Medical Fitness Certificate (from Govt. Practitioner) along with blood grouping certificate.
- h. If the Candidate is from Other state: The following documents has to be produced.
- i. Hepatitis B & Typhoid
- j. Vaccination certificate.
- k. Recent Income Certificate.
- l. Aadhar card copy (to be linked with the students personal bank account)
- m. Individual bank account pass book(First Page)
- n. Nativity certificate if applicable.