



GRACE INSTITUTIONS

KALIAKAKVILAI & PADANTHALUMOODU
KANYAKUMARI DISTRICT, TAMIL NADU

Application No :

Course Applied For :

Please affix Recent
Passport Size
Colour Photograph

1. Name
(As per School Record)
2. Sex
3. Date of Birth & Age
4. Marital Status
5. Caste & Community
6. Religion & Nationality
7. Father's Name
8. Mother's Name
9. Blood Group E-mail:
10. Address of the Parents

PERMANENT ADDRESS	PRESENT ADDRESS
Telephone No. with Code:	Telephone No. with Code:

11. Academic Record

Sl.No.	Class	Marks	Max. Marks	Medium of Instruction & Year of Passing	Name of the Institution & Address	% of Marks
1	SSLC					
2	H.Sc.					

12. Any other Qualification

13. Group Studied in Higher Secondary Course : Science / Arts / Vocational

14. Identification Marks: 1.

2.

15. Extra Curricular Activities, Hobbies
(Sports, Literary, Cultural, Etc.)

16. Mother Tongue:

17. Languages Known:

18. Reason for Choosing the Course

19. Family Details:
(Father, Mother, Brothers & Sisters)

Name of Family Members	Age	Educational Qualification	Relationship	Occupation	Income (P/A)

20. Conduct & Character Certification:

(Give Name and Address of person or School Headmistress / College Principal or any person of good standing other than relatives who certifies the Conduct & Character)

Name	Occupation & Address

UNDERTAKING

I hereby declare, that the above particulars are true and correct to the best of my knowledge. I have read the prospectus and fully understood that in the event of my violation of any of the rules and regulations, I am liable for immediate dismissal from the College. Further I consent to undergo the course for its full duration. I hold myself responsible for prompt payment of fees. I Undertake that I will not cause disrespect or loss of reputation by indulging in malpractice or immoral or illegal acts which amounts to indiscipline and warrants dismissal from the college.

Parent/Guardian Name :

Signature of the Parent/ Guardian:

Signature of the Applicant :

Certificates Enclosed (Attested Copies only)

1. Copy of the Transfer Certificate
2. Copy of the Mark Sheet (SSLC or H.Sc.)
3. Copy of the Conduct Certificate received from the last studied Institution
4. Copy of the Community Certificate
5. Copy of the Nativity Certificate
6. Self Addressed Stamped Post Card should be enclosed

Originals Should be produced at the time of Inspection

Completed Applications shall be Sent to "THE REGISTRAR, GRACE INSTITUTIONS, PADANTHALUMOODU, KALIAKKAVILAI, KANYAKUMARI DISTRICT, TAMILNADU-629153" on or before.....

For B.Sc. Nursing, P. B. B. Sc. Nursing and G.N.M:

11. a. Academic Record

Levels	Subjects	Marks	Total Marks %	Medium of Instruction & Year of Passing	Name of the Institution & Address
	Languages				
	English				
	Biology				
	Physics				
	Chemistry				
	Botany				
	Zoology				
	Mathematics				
Diploma in GNM					
Any other Qualification					

12. RN No.: RM No.: Month and Year of Registration:

Certificates Enclosed (Attested Copies Only)

For B.Sc. Nursing/ G.N.M:

- (1) H. Sc. Mark Sheet
- (2) SSLC. Mark Sheet
- (3) Transfer Certificate
- (4) Community Certificate
- (5) Nativity Certificate & Income Certificate
- (6) Migration Certificate (Other State Candidate)
- (7) Medical Fitness & Blood Group Certificate (Original)
- (8) SC/ST Scholarship Form (If Applicable)

For Post Basic B.Sc Nursing: All the Above documents +

- (9). Transfer Certificate (G,N.M.)
- (10) Eligibility Certificate
- (11) G.N.M. Mark Sheet
- (12) Diploma in General Nursing & Midwifery Certificate
- (13) Registration of Nurse & Midwifery

DECLARATION OF THE APPLICANT

1. I declare that all particulars mentioned in serial number 1 to 17 of the application are true to the best of my knowledge.
2. I declare that the original certificates and documents of the attested copies produced by me along with the application will be submitted during counselling and admission or at any time when required.
3. I declare that all the attested copies of the certificates produced by me are in accordance with the rules and regulations .
4. I declare that in the event of getting admission in the course, I will participate in all the curricular, co-curricular and extra curricular activities, needed for the training.
6. I further declare that if anything in my application is found incorrect, I shall be liable to forfeit my seat and be removed from the roll of the institution, at whatever state my study may be besides making me liable for criminal prosecution.

Place :

Date :

Signature of the Applicant

DECLARATION BY THE PARENT OR GUARDIAN

I (Name in full) Father / Mother / Guardian of hereby solemnly declare that I am fully aware of the declaration made by the applicant, my Son / Daughter / Ward and I declare and bind myself on the same terms contained in the above declaration. The statements and the information given are true, correct and complete. If they are found otherwise, the applicant is liable to forfeit the seat or removal from the rolls of the institution at whatever may be the stage, besides making me liable for criminal prosecution.

Place :

Date:

Signature of the Parent / Guardian

Note: Guardian can execute the above declaration only if both parents are not alive.

FOR USE OF THE SELECTION COMMITTEE ONLY

The application of Thiru / Selvi / Tmt was examined. All the details of the applicant are correct according to the selection procedure. Hence the applicant is provisionally selected for admission to the
.....For the academic year

Signature of the Committee Members

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