



SOLAI COLLEGE OF NURSING

Aundipatti Kanavai

T.Chettiapatti, Thottappanaickanur - Post,
Usilampatti Taluk, Madurai - 625532.

Cell : 99429 82288, 99429 82277/ 99429 82200

Email : solainursing@gmail.com, solaicas2017@gmail.com

website : solaicollege.in

Application Number :

Academic Year :

Admission No :

APPLICATION FORM FOR B.Sc NURSING COURSE

Name of the Applicant
(as entered in Hr.Sec. Certificates)

:

Affix Photo
here

Sex

: Male Female

Date of Birth

:

State of Residence

:

Nationality & Religion

:

Caste

:

Community

:

Name of the Father

:

Name of the Mother

:

Name of the Guardian (if any)

:

Annual Income

:

Date of Joining the Course

:

Category under which admitted

: Government Management

If Government

: Whether 1st Graduate or not

Blood Group

: (Certified from competent authority)

Personal Identification Marks

1.
2.

Permanent Address/Communication Address :

Present Address :

Mobile No

1.
2.

Landline Number:

Qualification and Marks Obtained:

Examination	Reg. No	Date of Passing	Subject	Marks %	Name of Board / University	School/College	T.C.No.& Date

Marks Obtained:

Subjects	English	Physics	Chemistry	Botany	Zoology	Biology	Aggregate
Max.Marks	200	200	200	200	200	200	%

For Candidate who have passed the qualifying examination other than H.Sc of Tamil Nadu, Should enclose the following certificate

- Eligibility certificate from the Tamil Nadu DR.M.G.R.University
- Transfer certificate
- Migration certificate

References: From 2 persons who hold responsible position (not related to the applicant)

Reference (1)

Reference (2)

The following original certificates along with 4 set of attested passport size photo copies need to be submitted at the time of admission.

- 10th Mark Sheets
- Higher Secondary /P.D.C.Marksheets.
- Transfer Certificate
- Allotment order of selection committee (for candidates admitted under Govt. Quota)
- Migration Certificate (other than H.Sc of Tamil Nadu)
- Eligibility certificate (to be obtained from M.G.R Medaical University for candidates other than H.Sc of Tamil Nadu)
- I.D.Proof Xerox
- Medical Fitness Certificate
- Blood Group (Certified by the competent Authority)
- Community Certificate
- First Graduate certificate with joint declaration

Declaration of the Applicant

I, hereby solemnly and sincerely affirm that the statement made and information furnished by me is true. I have not kept any information secret and if any information furnished is fraudulent, incorrect or untrue in material particulars, I realize that my selection or admission to the course is liable to be cancelled. Further I also agree to forgo my seat in the College of Nursing unconditionally. I hold myself responsible for dues and prompt payment of fees. I am aware that the management has full authority to expel me for disinterest in studies and / or misbehavior.

Date:

Signature of the Applicant

Declaration of the Parent / Guardian

I am fully aware of the information furnished by my daughter/son and affirm that it is true and if it is proved that the information was fraudulent, I am liable to prosecution. I hereby declare that I hold myself responsible for his / her good conduct and I have known the financial obligation and I can afford and undertake to pay the tuition and other fees payable to the institution under the rules of the college.

Date:

Signature of the Parent / Guardian