



CHRISTIAN COLLEGE OF NURSING, AMBILIKKAI

Christian Fellowship Community Health Centre,
Ambilikkai – 624612

Photograph

Application form No: _____

1. Name in Block letters : _____ (As in SSLC Certificate)

2. Date of Birth : _____ 3. **Tick** - Single /Married/ Widow.

4. Name of the Father /Guardian : _____

5. Occupation of the Father /Guardian : _____

6. Postal address in full:

7. E-mail ID: _____

8. Phone Number

1) Mother's : _____

2) Father's : _____

3) Others : _____

Pincode : _____

9. Nationality : _____

10. Religion : **Tick** – Hindu / Muslim / Roman catholic / Protestant / Converted Christian

11. Caste (Scholarship Purpose) : SC / ST & Others

12. Are you eligible for I graduate scholarship : Yes /No

MARK STATEMENT

Qualification Exam (+2 Equivalent) : _____ Year of passing: _____

Are all subjects passed in 1st attempt : Yes /No Medium of Instruction: _____

Qualifying marks: Please include theory & practical / project where applicable

Subject	Marks obtained	Maximum marks possible	Percentage	Remarks
Biology or Botany				
Zoology				
Physics				
Chemistry				
English				

Details of Schooling :

a. Name and addresses of
School / Schools studied in
from 10th – 12th Std

b. Location of school : Village / Town / City

