

CHRISTIAN COLLEGE OF NURSING, AMBILIKKAI

Christian Fellowship Community Health Centre, Ambilikkai – 624612

Photograph

Appl	ication form No:						
1.	Name in Block letters :	(As in SSLC Certificate)					
2.	Date of Birth: 3. Tick - Single /Married/ Wide						
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) F-4,2					
		2) 0.4					
		_					
	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 s	scholarship : Yes /No					
	MARK STATEMENT						
Qualification Exam (+2 Equivalent) : Year of passing:							
Ar	Are all subjects passed in 1 st 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 $10^{th} 12^{th}$ Std
- b. Location of school

: Village / Town / City

Additional information sheet to be filled by the candidate. please answer each question in not more than 4 sentences and PROVIDE PROOF WHEREVER APPLICABLE (Q.3,4,5,6)

1.	Why have you chosen Nursing as a Profession?
2.	Are you willing to work in a mission or rural hospital in India for 2 year following completion of training?
3.	Are you willing to work in our Institution for 2 years after completion of your course.
4.	Have you been involved in any social or religion programme with under privilege people?
5.	Are you parents / siblings working in a mission organization or involved in social outreach programme?
6.	What are your extra-curricular activities?
iereb	Declaration by declare that the information furnished herein is true to the best of my knowledge

Signature of Parent / Guardian

Signature of the candidate

Certificate to be enclosed

Place:

Date:

- **1.** Copy of the qualification examination mark statement.
- 2. Copy of proof of religion.
- **3.** Copy of proof for date of Birth.
- **4.** Copy of Medical fitness from Registered practitioner.
- **5.** Envelop with Rs.39/- stamp.p
- **6.** Community Certificate if available
- 7. Copy of Birth Certificate (Board and other state)