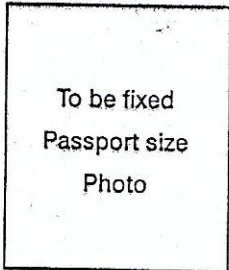


Application No.

Date of Issue :

Date of Receipt :

To be fixed Passport size Photo



CHURCH OF SOUTH INDIA, DIOCESE OF MADRAS, CHENNAI - 600 086.

APPLICATION FOR DIPLOMA IN GENERAL NURSING AND MIDWIFERY COURSE

(This application is to be filled in by the candidate's own writing and sent before

FOR WOMEN ONLY

N.B. : PLEASE READ THE PROSPECTUS THE BOOK WITH ALL NECESSARY INFORMATION CAREFULLY BEFORE FILLING THIS :

1. Name as in 10th Mark Sheet (Block Letters) :
2. Date of Birth :
3. Single / Married :
4. (a) Religion :
- (b) If christian state the church to which you belong and a member of :
5. No. of attempts made to pass Hr Secondary examination with year of passing :
6. Science / Maths Group / Vocational :
7. Aggregate of +2 Marks :
8. Name & address of Parent or Guardian :
- Father :
- Mother :
9. (a) Present Address :
- (b) Permanent Address :
- (c) Your Phone Number :
- (d) Student & Parent E-mail :
- (e) Occupation of Parents :
- Father :
- Mother :
- (f) Community :
- (g) Annual Family Income :
10. Have you applied to any other Institution for Nursing ?
If so, Name the Institution :
11. Have you applied to this institution before ?
When ? :
12. Have you stayed in any Hostel During your Previous Studies ? :
13. Mother Tongue :
14. Any other Language known :

DECLARATION

1. I declare that this Application made by.....attached together with copies of Testimonials are verified and found correct.
2. If I am accepted into the school to Nursing, C.S.I. Rainy Hospital, Chennai - 600 021, I promise to abide by the rules of the institution and after completion of the prescribed course of study to serve in the same hospital for one year as service obligation.
3. I am aware that if I Discontinue the course fees will not be Refunded and I should pay the fees for the whole course, to be relieved.
4. I will not get married during my course of study.

Signature of the Parent or Guardian
Signifying confirmation of the above.

Signature of the Applicant
Date :