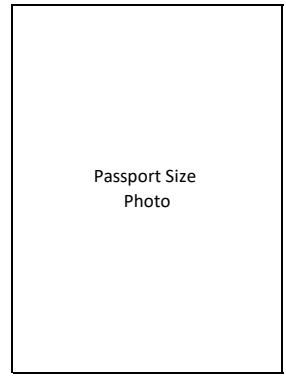




THE SALVATION ARMY CATHERINE BOOTH COLLEGE OF NURSING

CBH CAMPUS, NAGERCOIL, KANYAKUMARI DISTRICT, TAMILNADU - 629001
PHONE : 04652 - 272068, E-mail: salvationarmycon@gmail.com

APPLICATION FORM FOR ADMISSION TO B.Sc. NURSING DEGREE COURSE - 2023



Application Number	
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**** The application should be filled up in student's own handwriting in Block Letters**

PART 1 - PERSONAL DETAILS

1 Name
(Legally Documented Name)

2 Date of Birth

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 Age

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 Years 3 Gender Male Female

4 Father's/ Guardian's Name

5 Mother's Name

6 Religion

If Christian - Religious Denomination The Salvation Army Lutheran CSI Catholic Pentecostal Others (Specify)

7 Community (as per Certificate) SC ST OBC BC MBC OC

8 Caste

9 Nationality Indian NRI

10 District

11 State

12 Blood Group

13 Aadhaar Card No

14 Family Annual Income

15 First Graduate Status Yes No

16 PERMANENT ADDRESS

ADDRESS FOR COMMUNICATION

	Pin																		
City/Town																			
TELEPHONE	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																		
MOBILE	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																		
E-MAIL ADDRESS	<input style="width: 95%; height: 20px;" type="text"/>																		

	Pin																		
City/Town																			
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EMERGENCY CONTACT	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																		

16 LOCAL GUARDIANS CONTACT ADDRESS

The college / institution will allow the student to go out of the campus during weekends, holidays and in case of emergency only with the due request from the local guardian and in such cases the local guardian will be responsible for student's safety & their actions.

City/Town							

TELEPHONE

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MOBILE

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DAYTIME WORK TELEPHONE

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Please indicate your relationship with the local guardian

RELATIVE FAMILY FRIEND Others

PART 2 - PREVIOUS ACADEMIC EDUCATION

17 SECONDARY EDUCATION /SSLC

Secondary School attended

18 HSC (+ 2) / QUALIFYING EXAMINATION

Name of the School

Board of Examination

State Board

CBSE Board

ICSE Board

Others

(

Specify)

14 MEDIUM OF INSTRUCTION IN (+2) / QUALIFYING EXAMINATION

English Medium

Tamil Medium

15 MARKS SECURED IN QUALIFYING EXAMINATION (HSC)

Subjects	Marks	Percentage (%)
Physics		
Chemistry		
Biology		
Botany		
Zoology		
Total (PCB)		
English		

* English will not be included in aggregate marks

PART 3 - DOCUMENTS REQUIRED

17 Please tick the relevant box whichever is applicable for which the copy of the documents is enclosed along with this application.

1 10th Marksheet

2 11th Marksheet

3 12th Marksheet

(Provisional / Online print)

4 Community Certificate

5 Passport Size Photo
(2 copies)

Reference letter - Original

(for Salvation Army Candidate only)

1

2

PART 4 - STUDENT DECLARATION

- I agree to abide by the laws and regulations of the Salvation Army Catherine Booth College of Nursing .
- I acknowledge that if I am accepted for a course of study I am liable to pay the fees for the full term and it will not be refunded under any circumstances.
- I am aware that it is mandatory for all the students to stay in the hostel and agree to abide by this condition for the full tenure of my educational course at the Salvation Army Catherine Booth College of Nursing.
- I agree that it is an essential term of my agreement with the Salvation Army Catherine Booth College of Nursing that information I have supplied in this form and any attached documents is true and complete and I acknowledge that the Salvation Army may suspend my enrolment if false information has been supplied or required information is not supplied by the due date.

STUDENT'S SIGNATURE

DATE

FATHER'S / MOTHER'S / GUARDIAN'S SIGNATURE

PART 5 - IMPORTANT INSTRUCTIONS

- Incomplete application will not be entertained*
- Do not enclose original certificate along with the application*

For office use only

Application received date : _____

Signature of the staff : _____

Candidate is eligible

Candidate is Not eligible

Verified by :

PRINCIPAL

CHAIRMAN