



# 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 - 2024

Passport Size  
Photo

<b>Application Number</b>	
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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       Age   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	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
City/Town	<input style="width: 85%; height: 20px;" type="text"/>					
TELEPHONE	<input style="width: 100%; height: 20px;" type="text"/>					
MOBILE	<input style="width: 100%; height: 20px;" type="text"/>					
E-MAIL ADDRESS	<input style="width: 100%; height: 20px;" type="text"/>					

	Pin	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
City/Town	<input style="width: 85%; height: 20px;" type="text"/>					
TELEPHONE	<input style="width: 100%; height: 20px;" type="text"/>					
EMERGENCY CONTACT	<input style="width: 100%; height: 20px;" type="text"/>					

**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	<input style="width: 85%; height: 20px;" type="text"/>					

TELEPHONE	<input style="width: 85%; height: 20px;" type="text"/>					
MOBILE	<input style="width: 100%; height: 20px;" type="text"/>					
DAYTIME WORK TELEPHONE	<input style="width: 100%; height: 20px;" type="text"/>					

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

(

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		
<b>Total (PCB)</b>		
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 10<sup>th</sup> Marksheet

2 11<sup>th</sup> Marksheet

3

12<sup>th</sup> 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