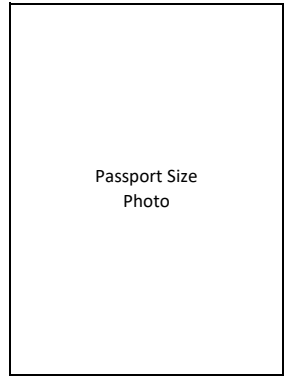




# THE SALVATION ARMY CATHERINE BOOTH COLLEGE OF NURSING

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 - 2025



Application Number

**\*\* 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

City/Town

Pin

City/Town

TELEPHONE

TELEPHONE

MOBILE

EMERGENCY CONTACT

E-MAIL ADDRESS

## 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)

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

English Medium  Tamil Medium

20 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**

21 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) 

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**PART 4 - STUDENT DECLARATION**

- I agree to abide by all the rules and regulations of The Salvation Army Catherine Booth College of Nursing.
- I acknowledge that if I am accepted into the course of study, I am liable to pay the full course fees for the entire term, and that the fees paid are non-refundable under any circumstances.
- I acknowledge that residing in the hostel is mandatory for all the students, and I agree to stay in the hostel for the entire duration of my course at The Salvation Army Catherine Booth College of Nursing. I am aware that approval to be a day scholar will be given only in the case of genuine medical conditions.
- I confirm that all the information provided in this application form and in any attached documents is true and complete to the best of my knowledge. I understand that the institution reserves the right to suspend or cancel my admission/enrolment if any false or misleading information is found or if required documentation is not submitted by the specified deadline.

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, Only xerox copies must be submitted.

**For office use only**

Application received date : \_\_\_\_\_ Signature of the staff : \_\_\_\_\_

Candidate is eligible  Candidate is Not eligible

Verified by / Date : \_\_\_\_\_

**PRINCIPAL**

**CORRESPONDENT**