



10. Address for Correspondence with Phone Nos.


District

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Pincode

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Land Line Phone Nos.

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Mobile Number

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11. Permanent Address with Phone Nos. **(Please fill, if it is different from Sl. No. 10)**


District

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Pincode

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Land Line Phone Nos.

--	--	--	--	--	--	--	--	--	--	--

Mobile Number

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12. E-mail ID (if any):

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13. Parent's/Guardian's Occupation:

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14. Monthly Income:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

15. Whether physically challenged person (Please mention) :

16. Extra Curricular Activities, if any :

17. Details of Educational Qualification including Additional Qualifications, if any.  
(Proof to be attached)

S. No.	Regn. No.	Name of the School/College	Course Studied	University /Board	Subjects	Percentage – Aggregate	Month & Year of Passing (Mention the attempt)

**18. List of enclosures (Attested Xerox Copies)**

- Transfer Certificate
- Mark Sheet
- Community Certificate
- Eligibility Certificate obtained from the University for non Higher Secondary Courses, i.e., other than Higher Secondary of Tamil Nadu
- Six Passport Size Photographs
- Income Certificate for BC/BCM/SC/ST (Salary less than 2 Lakh/yr)

19. Payment of Application Fee of Rs. 250/- to be drawn in favour of Kavery Medical Trust, payable at Trichy.

Payment Mode	Number	Date	Issuing Bank Name	Branch/Area	Amount
Demand Draft					

**DECLARATION**

I declare that the statements are true to the best of my knowledge. I solemnly assure you that I will obey the authorities of the Institution in all aspects. I will not indulge in any activities detrimental to the interest of the Institution. I am aware that in matters of discipline, the decision of the Institution authorities is final. I have completed 17 years of age but am below 35 Years of age.

**Date**

**Signature of the Applicant**  
(with Name in Capital Letters)

**Signature of the Parent/Guardian**

**For Office Use Only:**

Date of issue of Application form: \_\_\_\_\_

Particulars of Application fee paid : Rs. \_\_\_\_\_

Course Counseling given by :

Date(s):

Application Scrutinized by :

Remarks: Eligibility for Admission: **Yes / No.**

\_\_\_\_\_  
**Signature of Principal**

\_\_\_\_\_  
**Signature of Advisor  
KMC College of Nursing**