

MOHAMED SATHAK A.J

COLLEGE OF NURSING

(Recognised by Indian Nursing Council,
Tamil Nadu Nurses & Midwives Council &
Affiliated to The Tamil Nadu Dr. M.G.R. Medical University)
No.34, Rajiv Gandhi Road (OMR), IT Highway, Siruseri, Egattur, Chennai 603 103
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APPLICATION FOR ADMISSION TO THE B.SC, NURSING COURSE

Application form No.

Last date for the receipt of application is

Student Photo

IMPORTANT:

1. Completed application should reach our office by _____
2. Incomplete application will be rejected.
3. Application should be filled in block letters in her/his own handwriting legibly and carefully.
4. Enclose the attested Xerox copies of the following certificates with the application Form
 - (I) Higher Secondary mark list
 - (II) Community Certificate
 - (III) Transfer Certificate
 - (IV) Conduct Certificate
 - (V) Eligibility Certificate from the Tamilnadu Dr.M.G.R. Medical University, Chennai, for students from other states.
5. Physical fitness certificate - use the form provided.
6. Enclose Passport size Photographs } 4

(as indicated in school records)

2. Address to which communication to be sent

District State Pincode

3. Sex: Date of Birth: Age:

4. Martial Status : Religion:

5. Mother Tongue:

6. Languages Known to Speak :

7. Languages Known to Read & Write :

8. Parent's Name, Occupation, Address & Phone No.

Father:

Mother :

9. Guardian's Name, Occupation, Address & Phone No

10. **Academic Information**

a) Have you passed Higher Secondary or equivalent examination in one attempt.
Yes/No

b) If passed in more than one attempt give details.

c) Marks obtained in Higher secondary or the Equivalent Examination.

Month & Year of Passing	Registration Number	Subject	Marks Obtained	Maximum Marks
		Physics		
		Chemistry		
		Biology		
		Botany		
		Zoology		
		English		

11. Extra curricular activities if any (Xerox copies of certificate to be attached)

12. Do you require hostel facility? Yes/No

13. Please give the Names & Addresses of two people of social standing who knows you well for a maximum period of two years for reference. (One should be the principal of the Institution where you studied last)

Fitness Certificate

Name of the Candidate

Age: Years Height: Cms. Weight: Kgs. B.P

Dates of Immunization against Serum Hepatitis, Typhoid

Any deformities :

Hearing : URINE : Blood Group :

Vision : Alb : Hb:
Chest X-ray :

Sug : Heart functions :

Two Identification Mark:

1.

2.

Physical fitness to undergo the course

Signature of the Registered Medical
Practitioner

Registration No.

Signature of the Candidate

Date:

Discipline declaration by the candidate

I _____ affirm hereby that I have given the true and correct particulars in the application form. If proved at any state that there is suppression, distribution or incorrect and false statement of particulars, I hereby agree to be proceed against, legally even leading to my dismissal from the Institution / Hostel.

If my admission is not approved by T.N. Dr.M.G.R. Medical University, I will abide by the decision of the management. I shall stay clear of all strike and shall not take part in ragging and demonstration. I will not claim for the fees remitted to the institution.

Place :

Signature of the candidate

Date :

Joint Declaration by the candidate and parent

The information furnished above are true and correct. The original certificates will be produced at the time of admission. In case any information furnished above is found incorrect we agree to forego any claim for admission.

Signature of the Candidate.

Place :

Date:

Signature of the Parent / Guardian.

JOINT DECLARATION BY THE CANDIDATE AND PARENT AGAINST RAGGING

I ----- shall not involve in ragging & indulge in activities connected to ragging. It I am found guilty, I know that I am bound to face punishment to the extend of dismissal from college.

Signature or the Parent / Guardian

Signature of the Candidate

Discipline Declaration by the Parent / Guardian of the Candidate

I _____ Parent / Guardian, do hereby stand guarantee for the good conduct of my ward during the course of his/her studies. I authorize the authorities of the institution to initiate any disciplinary action against my ward for violation of rules and regulations of the college. I also promise the payment of the cost of any damage caused due to the misconduct of my ward. I agree for any disciplinary or legal action if my ward is involved in ragging.

Place :

Date:

Signature of the Parent / Guardian.

Admission Details

1. Admission is based on merit and personal interview by management committee for management quota.
2. Duly filled application form with all necessary documents should be sent to the College.
3. Incomplete application of any form will be rejected.
4. Selected candidates should report to the college immediately on receipt of intimation.
5. Selected candidates should submit their original certificates of basic qualification for admission.
6. The original certificates submitted at the time of admission are not returnable till the completion of the course.
7. The admitted candidate should adhere to the rules & regulations of the college.
8. Fee once paid will not be refunded under any circumstances.
9. The college shall not be responsible for any accident to the student due to careless handling of equipments.
10. Candidate and their parents / guardian will have to sign a declaration in the prescribed form at the time of admission.
11. List of documents to be attached with the application: A)
Xerox copies of Mark sheet
 - b) Transfer Certificate
 - c) Conduct Certificate
 - d) Community Certificate
 - e) Proof of date of birth and Nationality
 - f) Passport size photograph -2 Nos.
 - g) Eligibility certificate from the Tamil Nadu Dr. M.G.R. Medical University, Chennai, if the candidate has passed from other state.