

Application No.

RED CRESCENT COLLEGE OF NURSING

RED CRESCENT HOSPITAL
Chungam, Feroke, Calicut - 673 631

Run by

Al Irshad Charitable Society (Regd.)

Affiliated to Kerala University of Health Science, Thrissur
(Approved by Indian Nursing Council & Kerala Nurses and Midwives' Council)

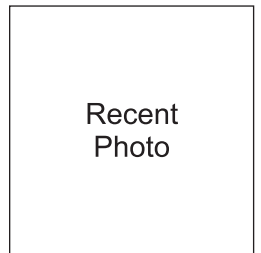
Ph: 0495-2482750, 2481950, 2484950, 2486363

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APPLICATION FOR THE ADMISSION TO 4 YEARS B.SC. NURSING UNDER MANAGEMENT / GOVT. QUOTA FOR THE YEAR.....

(Application Form should be filled by the candidate in his/her own handwriting.
Self addressed stamped envelop should be enclosed along with application.)

1. Name and Present Postal Address :
(In Block Letters)



2. Name and Permanent Postal Address :
with telephone number if any

3. Sex :

4. Age and Date of Birth :

5. Religion & Caste :

6. Whether Single / Married / Widow :

7. Board of Exam passed :

8. Number of Appearance for Plus Two or
equivalent examination :

9. Marks for (Plus Two / Equivalent Examination) Percentage : Class/Rank if any for Plus Two
equivalent examination :

	Subjects	Max: Marks	Mark secured	Percentage	Class/Rank if any

(PTO)

10. Name and Address of the guardian :

a) Relationship of the applicant with guardian :

b) Occupation of the guardian :

c) Income of the guardian :

DECLARATION BY THE APPLICANT

I, (Name).....hereby declare that I have carefully gone through the prospectus received along with the application and I promise to abide by the rules and regulations of the Institution. I ensure that if I violate the rules & regulations of the institution, the management can take any disciplinary action against me. I further declare that I have no physical or mental disability that disqualify me for admission and that the statement made by me in this application and the documents produced in support thereof are true and correct to the best of my knowledge and belief.

Station:

Signature:

Date

Name

DECLARATION BY THE GUARDIAN

I, (Name).....have carefully gone through the prospectus and I undertake in the event of the above applicant being admitted, to pay regularly all the hostel and other dues till the completion of the course.

Station:

Signature:

Date

Name

Note: 1) Original Certificates shall not be forwarded along with the application form Original Certificates shall be produced at the time of interview.