



OMAYAL ACHI COLLEGE OF NURSING

NO: 45, AMBATTUR ROAD, PUZHAL, CHENNAI - 600 066

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B.SC (NURSING) PROGRAMME - APPLICATION FORM

Registration Number :

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(for Office use only)

(The Application form is to be completed by the applicant in her own handwriting)

Affix
Recent passport
Size photograph
Duly attested by
Gazetted Officer

1. Name of the Applicant :

(In Block Letter)

2. Date of Birth: (DD/MM/YYYY) :

3. Religion :

State (SC/ST/BC/MBC/OC)

(for administrative purpose only)

4. Nationality :

5. Present Address :

(with telephone/mobile number if any)

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6. Permanent Address :

(with telephone/mobile number if any) :

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7. Address of Local Guardian :

(with telephone/ mobile number if any) :

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8. Mother Tongue :

9. Languages Known:

Speak :
Read :
Write :

10. Academic Qualification:

Exam Passed	Year of Passing	Institution	University/ Board	Subjects	Marks Obtained	Attempt of Passing

Overall %:

PCBE%:

Total

Marks:

(Please attach Xerox copies of your educational Qualifications)

11. Any other Qualification :

12. Personal Information :

a. Family Profile:

Name	Age	Education	Occupation	Annual Income
Father				
Mother				
Brothers / Sisters				
1.				
2.				
3.				
4.				
5.				

b. Number of dependents in the family :

c. State any scholarship or special honors, you have received in your School career :

(Enclose the Xerox copies)

d. List any organization or activities in which you participated in School:

(Enclose the Xerox copies)

e. State your hobbies and interests :

- 1.
- 2.
- 3.

13. Give your reasons for choosing Nursing:

14. Reference (from two persons Holding responsible positions and not related to the applicant)

1. Name:

Designation:

Address & Contact No:

2. Name:

Designation:

Address & Contact No:

DECLARATION OF THE CANDIDATE

I declare that the entries made by me in this form are true to the best of my knowledge. I have gone through the prospectus carefully and undertake to abide by all the conditions. I further agree, if admitted, to conform to the rules and regulations at present in force or that may hereafter be made for the administration of the college or anything that will interfere with its orderly working and discipline. I hold myself responsible for dues and prompt payment of fees. I am aware that the management has full authority to expel me for disinterest in studies and/ or misbehavior.

Date:

Signature of the Candidate

DECLARATION BY THE FATHER / GUARDIAN

I hereby declare that I hold myself responsible for her good conduct and I have known the financial obligation and I can afford and undertake to pay the tuition and other fees payable to the Institution under the rules of the College.

Date:

Signature of the Father/Guardian

NOTE for the Candidate:

Please enclose the following Xerox copies of documents:

- A. X Mark Sheet
- B. 12th Mark Sheet
- C. 12th Transfer Certificate
- D. Conduct Certificate from the Head of the Institution, Wherein the Candidate studied for her qualifying examination.
- E. Xerox Copy of the Community Certificate.
- F. Medical fitness Certificate (from Govt. Medical Practitioner)
- G. Eligibility certificate & Migration certificate, if the candidate is from other state.