

G.KUPPUSWAMY NAIDU MEMORIAL HOSPITAL

POST BOX NO. 6327, PAPPANAICKENPALAYAM , COIMBATORE - 641037

INSTITUTE OF NURSING

DIPLOMA IN GENERAL NURSING & MIDWIFERY

APPLICATION FOR ADMISSION-2019

PHOTO

FILL IN BLOCK LETTERS ONLY

1. Name : _____
(As mentioned in +2 mark certificate)
2. Date of Birth _____ (Not before : 01 / 10 / 1984 & Not after : 30 / 08 / 2002)
Age _____ Sex _____ - _____ Blood Group _____ Religion _____
Nationality _____ State: _____
Community _____ (BC / MBC / SC / ST or OC)
3. Father's Name & Occupation : _____ / _____
4. Mother's Name & Occupation : _____ / _____
5. Guardian's Name & Relationship : _____ / _____
(If Applicable)
6. Marital Status : Yes / No
If Yes ,Husband's Name& Occupation : _____ / _____
7. Phone No : _____ (F) _____ (M)
(As Applicable) : _____ (H) _____ (G)
8. Address

Permanent Address	Communication Address

9. Educational Qualification :

Qualification	Name of the Examination	Medium of Instruction	Date of Passing	Total Marks	% of Marks	No. of Attempts	Name of School / College
10 th							
12 th							

10. +2 Subject Details / It's Equivalent :

S.No	Subject	Marks	Percentage	Attempt
a)				
b)				
c)				
d)				
e)				
f)				
g)				

11. Health Status : If any Health Problem, Specify: _____

Height in Cms: _____ Weight in Kg: _____

DECLARATION

I hereby declare that the above facts given are true and correct to the best of my knowledge. I have gone through the prospectus and agree to abide by the rules and regulations of the Institute and the Hospital. I am aware that if I violate the rules and regulations of the Institution, I am liable for immediate dismissal from the Institute. I promise to conduct myself inside and outside the Hospital with discipline and decorum and will do nothing ,to bring disrepute to the Institution.

Date : _____

Place : _____

Signature of the Candidate

Signature of the Parent / Husband / Guardian

Enclose one set of Photocopies of the following certificates

- a) Transfer Certificate b) 10th Mark Sheet c) 12th Mark Sheet d) Community Certificate
e) Birth Certificate f) Aadhar Certificate g) Ration Card h) Medical Fitness Certificate

Note: A demand draft of Rs.236 / (GST included) in favour of GKNM Hospital payable at Coimbatore is to be submitted along with the application form .