

**INDIRA COLLEGE OF NURSING**  
**KONALAI, TRICHY-621105**  
**Application form for the Nursing programmes**  
**Academic Year from 2023 to 2024**

**Nursing Program (Please tick in appropriate box)**

1. B.Sc Nursing :

☐

2. M.Sc Nursing :( specify the specialty of your interest)

☐

**Affix**  
**Photograph**

**I. A. Personal Details**

- Name (as given in the degree certificates/ SSLC) :
- Father / Spouse Name :
- Mother Name :
- Date of Birth and Age :
- Gender :
- Religion /Caste / Group :
- Nationality :
- Marital Status : Single /Married
- Native Language :
- Nativity :
- Address & Contact details :

Landline No:

Mobile No.:

Aadhaar No:

E-Mail Id:

**B. Family Details: If Single**

<b>Family members</b>	<b>Age</b>	<b>Sex</b>	<b>Education</b>	<b>Occupation</b>	<b>Income/ month</b>	<b>Health status</b>
<b>Father</b>						
<b>Mother</b>						
<b>Siblings</b>						

**C. Family Details : If Married**

<b>Family members</b>	<b>Age</b>	<b>Sex</b>	<b>Education</b>	<b>Occupation</b>	<b>Income / month</b>	<b>Health status</b>
<b>Spouse</b>						
<b>Children</b>						

**II. Qualification****A. General education**

<b>SL.N O</b>	<b>Qualification</b>	<b>Year of Passing</b>	<b>University/Board</b>	<b>% of marks / grade/class</b>
<b>1</b>	<b>+2</b>			
<b>2</b>	<b>Pre Univ</b>			
<b>3</b>	<b>Pre-degree/Any equivalent</b>			

**B. Professional Qualification (If applicable)**

Qualification	Year of passing	University/ board	% of marks / grade / class	Registration(RN/ RM )
GNM				
B.SC(N)				
P.B.B.SC				

**C. Other Qualification : If Any****III.Work Experience: (Start With Latest Position held)**

Sl.No	Position	Clinical areas	Duration of experience			Place of work /address	Reason for relieving
			From	To	Total		

**IV. Languages Known**

Sl. No.	Language	Speak	Read	Write

**V. Personal Interest and hobbies:**

**VI. Health History:**

**A. History of any Personal, Medical or Surgical illness: Yes /No**  
**If yes, any treatment taken or on treatment (Specify)**

**B. Any family History of Hereditary / Genetic / Psychiatric illness:**

**VII. Write briefly the reason for opting to do higher education:**

**References (Give two names and addresses of which one from employer last worked)**

**1.**

**2.**

### **Self Declaration**

The above furnished details are true to my knowledge and I am responsible for the discrepancy if found any and their consequences

Signature of the Candidate

Name:

Date:

Place:

## ID CARD APPLICATION

NAME: -----

COURSE: ----- YEAR -----

ADMISSION NO: -----

DATE OF BIRTH: -----

BLOOD GROUP: -----

FATHER'S NAME -----

ADDRESS: -----

-----

PIN: -----

PHONE NO: -----

**PHOTO**

**Check list: [Ensure the following are enclosed along with the application]**

The following relevant Documents in **original** should to be submitted at the time of Admission:  
(M.Sc N/ B.Sc N)

1. Filled in application
2. 10<sup>th</sup> Mark Sheet-**5 Set Xerox**
3. **11<sup>th</sup> Mark Sheet-5set Xerox**
4. +2 Mark sheet -**5 Set Xerox**
5. Community Certificate -**5 Set Xerox**
6. Transfer certificate -**5 Set Xerox**
7. Pass port size photographs – 20-white background
8. Medical fitness certificate
9. Blood Group Certificate
- 10.ID Card Application
- 11.First graduation certificate (for first graduate scholarship)-Rs.50 Bond-1
- 12.Income certificate – **5 Set Xerox**
- 13.Aadhar Card – **5 Set Xerox**
- 14.Ration Card- **5 Set Xerox**
- 15.Smart Card – **5 Set Xerox**
- 16.Green Sheet – 3
- 17.Rs.20 Bond - 2
18. Bank Pass Book Front page Xerox (for scholarship)-MICR & IFSC CODE  
NUMBER to avail Govt Scholarship
19. Nativity Certificate

**Note: SC/ST Scholarship: Both Govt counselling candidates & Management candidates;  
BC/MBC Scholarship: Govt counselling candidates only**

**Contact details:**

**E-mail:** [principalcontry@gmail.com](mailto:principalcontry@gmail.com)

**Office :** 9442831258, 9443137421 **Mobile:** 9489805041

**Website:** [www.indiracollegeofnursing.in](http://www.indiracollegeofnursing.in)

**Postal Address:**

**The Principal**

**Indira College of Nursing**

**Trichy-Chennai Main Road**

**Konalai**

**Trichy**

**Pin code: 621105**

### MEDICAL FITNESS FORM – 3

Date of Examination:

I. Personal data:

Name:

Age:

Sex:

Marital status:

Identification marks:

1. \_\_\_\_\_

2. \_\_\_\_\_

II. General Examination:

a. Height \_\_\_\_\_ cms

b. Weight \_\_\_\_\_ kg

c. Vital Signs: T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ B.P \_\_\_\_\_

d. Nutritional status: Normal/under nourished/mal nourished/ obsessed

e. Blood examination: Hb \_\_\_\_\_ Blood group \_\_\_\_\_

f. Skin

g. Pallor

h. Menstrual cycle: Regular/irregular

Period of cycle \_\_\_\_\_ Duration \_\_\_\_\_ Flow \_\_\_\_\_

Dysmenorrhea \_\_\_\_\_ Treatment if any \_\_\_\_\_

III. Systemic Examination:

a. CNS \_\_\_\_\_

b. Respiratory system \_\_\_\_\_

c. Cardiovascular system \_\_\_\_\_

d. Gastro Intestinal System \_\_\_\_\_

e. Musculo Skeletal System \_\_\_\_\_



III. Investigations:

- a. Complete blood count
- b. Urine routine
- c. Vision
- d. Chest X-ray
- e. ECG

Date:

Place:

Signature of Medical officer:

**PHYSICAL FITNESS CERTIFICATE FOR ADMISSION TO NURSING COURSES**

I Dr \_\_\_\_\_ after careful personal examination of the candidate do here by certify that Mr / Ms / Mrs \_\_\_\_\_ is found physically fit to undergo professional education.

Date:

Signature of the Medical Officer :

Place:

Name :

Designation :

Reg. No. :

## **BLOOD GROUP CERTIFICATE**

<b>PATIENT NAME</b>	<b>:</b>	<b>SEX:</b>	<b>AGE:</b>
<b>HAEMIGLOBIN</b>	<b>:</b>	<b>GM%</b>	<b>13.0-18.0 GM%</b>
<b>FASTING BLOOD SUGAR</b>	<b>:</b>	<b>mg/dl</b>	<b>70-110 mg/dl</b>
<b>POSTAL PRANTIAL BLOOD SUGAR</b>	<b>:</b>	<b>mg/dl</b>	<b>70-140 mg/dl</b>
<b>RANDOM BLOOD SUGAR</b>	<b>:</b>	<b>mg/dl</b>	<b>70-140 mg/dl</b>
<b>SERUM CHOLESTROL</b>	<b>:</b>	<b>mg/dl</b>	<b>&lt;200 mg/dl</b>
<b>BLOOD GROUP Rh</b>	<b>:</b>		
<b>URINE SUGAR - F</b>	<b>:</b>		
<b>URINE SUGAR - PP</b>	<b>:</b>		