

**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)

☐

a.First Choice : _____

b. Second Choice : _____

Affix

Photograph

(Check the First page for speciality and Write along with the number of your choice)

I. A. Personal Details

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

Landline No:

Mobile No.:

Aadhaar No:

E-Mail Id:

B. Family Details: If Single

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

C. Family Details : If Married

Family Members	Age	Sex	Education	Occupation	Income/Month	Health Status

Qualification**A.General education**

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

A. 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.Marks in B.Sc Nursing:

S.No	First Year	Marks Obtained	Total Marks	Marks out of 100(%)
I				
II	Second Year	Marks Obtained	Total Marks	Marks out of 100(%)
III	Third Year	Marks Obtained	Total Marks	Marks out of 100(%)
IV	Fourth Year	Marks Obtained	Total Marks	Marks out of 100(%)

(OR)

D.P.B.B.Sc Nursing

S.No	First Year	Marks Obtained	Total Marks	Marks out of 100(%)
I				
II	Second Year	Marks Obtained	Total Marks	Marks out of 100(%)
			TOTAL	Percentage

D.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

IV. Personal Interest and hobbies:

V. 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:

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. 10th Mark Sheet
3. +2 Mark sheet
4. Community Certificate
5. Transfer certificate
6. Migration certificate
7. Degree certificates B.Sc or Diploma
8. B.Sc N Mark sheets (4years) for M.Sc N Applicants
9. P.B.Sc N Mark sheets (2years) for M.Sc N Applicants
10. GNM Mark sheets (3years) for P.B. B.Sc N Applicants
11. Transcripts B.Sc. N/P B. B.Sc N/GNM (as relevant for the program)
12. RN & RM Registration certificates
13. Pass port size photographs – 10
14. Medical fitness certificate
15. Blood Group Certificate
16. ID Card Application
17. First graduation certificate (for first graduate scholarship)
18. Income certificate
19. Aadhar Card – Xerox
20. Ration Card- Xerox
21. Smart Card – Xerox
22. Green Sheet – 3
23. Rs.20 Bond – 2
24. Bank Pass Book Front page Xerox (for scholarship) **to avail Govt Scholarship**

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

Contact details:

E-mail: principalicontry@gmail.com

Office : 9442831258, 9443137421 **Mobile:** 9498805041,

Website: www.indiracollegeofnursing.in

Postal Address:

The Principal
Indira College of Nursing
Trichy-Chennai Main Road
Konalai
Trichy
Pin code: 621105

ID CARD APPLICATION

NAME: -----

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

ADMISSION NO: -----

DATE OF BIRTH: -----

BLOOD GROUP: -----

FATHER'S NAME -----

ADDRESS: -----

PIN: -----

PHONE NO: -----

PHOTO

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

PATIENT NAME	:	SEX:	AGE:
HAEMOGLOBIN(Hb)	:	gms	13.0-18.0 gms
FASTING BLOOD SUGAR	:	mg/dl	60-110 mg/dl
POSTAL PRANTIAL BLOOD SUGAR	:	mg/dl	70-140 mg/dl
RANDOM BLOOD SUGAR	:	mg/dl	80-120 mg/dl
SERUM CHOLESTROL	:	mg/dl	<200 mg/dl
BLOOD GROUP Rh	:		
URINE SUGAR - F	:		
URINE SUGAR - PP	:		