



# P. D. HINDUJA NATIONAL HOSPITAL & MEDICAL RESEARCH CENTRE

## COLLEGE OF NURSING

Emerald Court, 'D' Wing Kondivita Lane, Marol Pipe Line, Andheri (E), Mumbai - 400 059.  
Tel.: 28269159 Ext.: 405 / 406

### APPLICATION FORM FOR COLLEGE OF NURSING

1. APPLICANT'S NAME \_\_\_\_\_  
(IN BLOCK LETTERS, SURNAME FIRST)
2. DATE AND PLACE OF BIRTH \_\_\_\_\_
3. SEX : MALE / FEMALE \_\_\_\_\_ 4. MARITAL STATUS \_\_\_\_\_
5. DOMICILE \_\_\_\_\_ If yes attach Domicile Certificate
6. WHETHER BELONGING TO SC / ST / NT /OBC ETC YES / NO \_\_\_\_\_  
(IF YES, ATTACH CASTE CERTIFICATE)
7. HEIGHT : \_\_\_\_\_ 8. WEIGHT : \_\_\_\_\_
9. MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_
10. PERMANENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

Affix  
Passport Size  
Photograph

12. PERSONAL INFORMATION (ATTACH SEPARATE PAPER IF NECESSARY)  
(FAMILY BACKGROUND)

| RELATION  | NAME | AGE | EDUCATION | OCCUPATION |
|-----------|------|-----|-----------|------------|
| FATHER    |      |     |           |            |
| MOTHER    |      |     |           |            |
| BROTHER / |      |     |           |            |
| SISTER    | 1.   |     |           |            |
|           | 2.   |     |           |            |
|           | 3.   |     |           |            |

12. MONTHLY INCOME OF THE FAMILY :
13. EDUCATIONAL PARTICULARS : (FROM SSS / SSLC ONWARDS)

| S.N. | NAME OF EXAMINATION | NAME OF THE BOARD / UNIVERSITY | NAME OF THE INSTITUTE & PLACE | MEDIUM OF INSTRUCTION | DATE / YEAR OF PASSING | NO. OF ATTEMPT | % OF AGGREG MARKS OBTAINED |
|------|---------------------|--------------------------------|-------------------------------|-----------------------|------------------------|----------------|----------------------------|
| 1    |                     |                                |                               |                       |                        |                |                            |
| 2    |                     |                                |                               |                       |                        |                |                            |
| 3    |                     |                                |                               |                       |                        |                |                            |
| 4    |                     |                                |                               |                       |                        |                |                            |

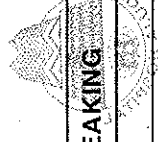
14. DETAILS OF PDC /HSC / ITS EQUIVALENT EXAMINATION

| SUBJECTS OFFERED | MAXIMUM MARKS | MARKS OBTAINED | GRAND TOTAL | PERCENTAGE |
|------------------|---------------|----------------|-------------|------------|
|                  |               |                |             |            |
|                  |               |                |             |            |

- Score of AMUPMDC CET / MH CET \_\_\_\_\_

15. KNOWLEDGE OF LANGUAGES: (mark a (✓) wherever applicable)

தமிழ் மொழிபேசும் திறன் உள்ளதா (✓) (எங்கு பொருத்தமான இடங்களில்)



| S.N. | LANGUAGES | READING | WRITING                                 | SPEAKING |
|------|-----------|---------|---|----------|
| 1    |           |         |   |          |
| 2    |           |         |   |          |
| 3    |           |         | APPLICATION FORM FOR COLLEGE OF NURSING |          |
| 4    |           |         |   |          |
| 5    |           |         |   |          |

16. Has the applicant previously joined any other training programme in nursing: **YES/ NO**  
 (இவ்வாறு செய்திருக்கிறாரா: **ஆம்/ இல்லை**)

17. If YES - Name and address of the Hospital / Institution :  
 (ஆம் எனில் - நோயாளிகளின் பெயர் மற்றும் முகவரி)

18. Date of joining training :  
 (பின்புறம் சேர்ந்த தேதி)

19. Reasons for leaving with date :  
 (பின்புறம் விட்டுச் சென்ற தேதி)

20. Awards, Scholarships, Prizes, Medals received in high school and college :  
 (உயர்நிலைப்பள்ளி மற்றும் கல்லூரியில் பெற்ற பரிசுகள், விருதைகள், பரிசுகள், மீட்டல்கள்)

21. Proficiency in Sports / Games :  
 (விளையாட்டுகளில் திறமை)

22. Participation in extra - curricular activities ;  
 (புறக்கல்வி நடவடிக்கைகளில் பங்கேற்பு)

23. Hobbies / Interests :  
 (விருந்தினர் / ஆர்வம்)

24. Any major illness in the past :  
 (புறக்கல்வி நடவடிக்கைகளில் பங்கேற்பு)

25. If any, state when and what treatment was taken :  
 (புறக்கல்வி நடவடிக்கைகளில் பங்கேற்பு)

26. State if any major illness at present :  
 (புறக்கல்வி நடவடிக்கைகளில் பங்கேற்பு)

27. If any, state what treatment is being taken :

I, \_\_\_\_\_ hereby declare that the information given on this form is true and correct.  
 I clearly understand and accept that if at a future date it is found that any of the information furnished by me in this application form is incorrect, my training as nursing student may be terminated without any notice or compensation in lieu there of and that the deposit and institute fee paid by me shall stand forfeited.

I agree to abide by the rules and regulations of the Hospital and the College of Nursing as applicable from time to time.

I agree to complete one year of Internship in the hospital after completion of the course.

| S.N. | EXAMINATION | NAME OF | MARKS | PERCENTAGE |
|------|-------------|---------|-------|------------|
| 1    |             |         |       |            |
| 2    |             |         |       |            |
| 3    |             |         |       |            |
| 4    |             |         |       |            |

28. DETAILS OF PDC WISE AND URS EQUIVALENT EXAMINATION

| DATE | SCORE | GRADE | MARKS | PERCENTAGE | SUBJECTS OFFERED |
|------|-------|-------|-------|------------|------------------|
|      |       |       |       |            |                  |
|      |       |       |       |            |                  |

PLACE: \_\_\_\_\_  
 SIGNATURE OF PARENT / GUARDIAN