

Velammal College of Nursing

(Affiliated to the Tamil Nadu Dr. MGR Medical University, Guindy, Chennai) (Approved by Indian Nursing Council - New Delhi. File.No.: 02/Jul2016 INC dated-16/7/2016) Velammal Village, Madurai - Tuticorin Ring Road, Anuppanadi, Madurai - 9. Ph.: 0452-7114277, 7113333 Email: vcon@velammalmedicalcollege.edu.in

Application form for admission to Velammal College of Nursing Programme: 2022 - 2023

Application No: (for office use)

[Read the inform	[Read the information brochure completely before filling. DON'T LEAVE ANY FIELD EMPTY]					
A. Personal Details						
1. Name of the Candidate (in BLOCK LETTERS)			Paste (DO NOT STAPLE) recent			
			passport-size colour photograph			
2 a. Name of Father / Guard	lian					
2 b. Name of Mother						
3 a. Address for Communica	ation					
		Pincode				
3 b. Permanent Address						
		Pincode				
4. Phone number with STD		Mobile:				
5. Gender	Male / Female					
6. Date of Birth]				
	Age (as on 1 st January 202	2):				
7. Mother tongue						
8. Blood Group						
9. Community	SC ST MBC	BC OC				
Specify caste		(fc	or statistical purpose)			
10. Nationality						
11. Occupation of father / gu	uardian					
12. Occupation of mother						

B. Payment Details (DD to be taken for Rs. 600 in favour of "Velammal College of Nursing" payable at Madurai) Bank: D.D. No. Date: Amount: C. Details of Qualifying Examination 1. Qualifying examination passed (HSC) 2. Month and year of Passing 3. Registration Number 4. Number of attempts made to pass the qualifying examination 5. Medium of instruction 6. Marks obtained in the qualifying examination: Higher Secondary Examination (Enclose photocopy of mark sheet) 7. a. Height in Cm Weight in Kgs 8. Marital Status: 9. a. Do you have any experience in Nursing before : Yes / No b. If Yes, give details 10. Whether interested in sports, game and other extra Curricular activities like Music, Painting, debates etc. 11.Do You require hostel accommodation? Yes / No 12. Whether the applicant has any Physical disability. If Yes specify the nature of disability

13. Higher Secondary Examination Detail

Subject	Marks obtained	Maximum marks	Minimum marks	Percentage

*fill the column as applicable; if not applicable, indicate as NA

Declaration

Place:

Date:

Signature of the candidate

Signature of the parent / guardian

Important Note:

- 1. Application fees is completely non-refundable.
- 2. Application with incomplete information will not be considered for admission
- 3. It is the responsibility of the candidate to ensure that correct marks are entered in the application form. During verification if it is found out that the marks entered in the application form are intentionally incorrect, then (a) the fees paid AND admission to the course will be immediately forfeited, no matter at what stage of the course the candidate is in; (b) the candidate will be blacklisted from seeking application into the college for a period of 3 years, and; (c) legal action will be initiated against the candidate for furnishing false information

DECLARATION BY THE APPLICANT

I agree to confirm this date to abide by all the rules and regulations in force at present for the due maintenance of discipline at the institute, if I am admitted there, to or that may be introduced hereafter and I further agree to be satisfied with the amenities now offered in the academic and social life of the institute. To make good any damage to furniture, apparatus or other things which may be caused by any carelessness or negligence or wantonness on my part and to leave the Institute at any time, if I cannot carry out this undertaking. I pledge myself never to take part directly or indirectly in ragging, in any political, communal subversive or any other anti-social activities. I further pledge myself not to cause damage in any manner to properties of the Institute. Should it be found that I have committed any of the above acts, I agree to receive any punishment including summary dismissal from the institute and liability for damages caused.

Date:

Signature of the applicant

DECLARATION BY THE PARENT / GUARDIAN OF THE CANDIDATE

I hereby declare that the statements made and information furnished in this application form and all enclosures there to be true and no relevant fact is suppressed. I have read and understood the Prospectus carefully.

I also declare that I hold myself responsible for all payment due to the Institute in respect of my son / daughter /ward Thiru / Selvi

I also fully endorse the declaration made above by son/daughter/ward, besides I undertake to Guarantee for his /her good conduct and behavior during the tenure of his /her period of studentship in the institute. If ever my son / daughter / ward contravene any of the rules and regulations of the Institute and the conditions above, I further undertake to abide by the decision of the Institute authorities with regard to the nature and magnitude of the punishment.

Station:

Date:

Signature of the Parent/Guardian



Velammal College of Nursing

Velammal Village, Madurai - Tuticorin Ring Road, Anuppanadi, Madurai - 625 009. TN, India. Tel: +91 452 7114277

CHECKLIST FOR B.Sc. NURSING

S.No.	Particulars	Yes	Νο	Remarks
1	SSLC Certificate / Original			
2	HSC Certificate / Original			
3	Transfer Certificate / Original			
4	Community Certificate (other than OC) / Original			
5	Conduct Certificate / Original			
6	5 Passport size photo, 5 stamp size photo			
7	Two set of photo copy of all certificates			
8	Eligibility Certificate			
9	Medical Fitness Certificate			
10	Government quota allotment order			
11	Aadhaar Card - Photocopy Aadhaar Number			
12	Migration Certificate			