

CHRISTIAN FELLOWSHIP HOSPITAL, ODDANCHATRAM.

Dindigul district, Tamilnadu. PIN - 624 619.

APPLICATION FORM FOR ADMISSION TO General Nursing and Midwifery Course

For Official use only

Application No: _____ Date of issue : _____

Date of receipt : _____

Affix your
autographed
Photograph here

(Application to be filled by applicant's own handwriting)

Registration fee paid : Rs. _____ DD No. _____ Dated _____ Bank : _____
Rs. 200/-

1. Name in full : (in Capital letters as in School certificate)

2. Address to which communication should
be sent (with pin code) :

3. Email Or Telephone Number :

Mobile No :

4. Date of birth : _____ Place of birth _____ Height _____ Weight _____

5. Single or married or widowed _____ Languages spoken :

6. Religion : Hindu/Muslim/Christian or other :
If, christian, which denomination :

7. Name of the Father / Guardian : _____ Occupation : _____
Address :

8. Relationship to guardian :

EDUCATIONAL QUALIFICATION

9. Year of Passing Higher Secondary (Plus 2) or equivalent examination :

Group :	
Subjects:	
Name of the School & Place Studied :	
Medium of instruction in school :	
Year First Appeared for Plus 2 :	
Year Passed Plus 2 :	

10. Number of attempts in higher Secondary or equivalent examination (Plus Two) :

11. Name of the school/College attended last :

12. Other qualification ,If any

13. Have you applied for this course anywhere else? if yes, where?

14. Have you ever Joined in any Other institution?

15. Have you applied for this course previously in this Institution? If yes, which year?

16. Any one else from your family applied here this year? : If so,
Name : Relationship : Course :

17. Income of your parent/guardian per month:

REFERENCE

18. Give below the name and full address of
(a) Head of your local religious community or a prominent person on your locality who knows you:

(b) Principal of the High School/ College you attended last:

DECLARATION

I declare that all the matters mentioned by me in this application form are true to the best of my knowledge and belief. I hereby agree to abide by the rules and regulations as given in the prospectus and such other rules which may be introduced from time to time. I promise to abide by the decisions that may be taken by the authorities in case I violate any of the rules and regulations.

Date

Signature of the applicant

DECLARATION BY PARENT / GUARDIAN

I _____ Father/Mother/Guardian of _____ declare that I shall meet all expenses of _____ while she is undergoing training at Christian Fellowship Hospital, Oddanchatram.

I agree to abide by the authorities in case my daughter violates any of the rules and regulations of the Institution.

Date :

Signature of Father / Mother / Guardian.

Enclosures : To be sent along with filled application form

1. Certified copies of Transfer Certificate, SSLC (10th Standard) and Higher Secondary (Plus 2) Marks (if Higher Secondary Marks are not available they may be submitted at the time of interview).
2. Birth Certificate (or) a certificate as entered in the SSLC book or Tenth standard or its equivalent
3. Recent Physical fitness certificate from a recognized Physician
4. One more passport size photograph and a self addressed stamped envelope.
5. In your own handwriting and in your own words in English, a statement of about 2 pages about your parentage, family, social activities, religious conviction, special interests, achievements, hopes and ambitions and factors that made you to choose this course.
6. Two character certificates, preferably from
 - a) The head of your local religious community/ prominent person in the community
 - b) Principal of the High School or College you attended last
7. Demand Draft for the registration fee
8. Community Certificate (Xerox copy)

SPECIAL INSTRUCTIONS

1. Filled applications with the enclosures must be sent to The Principal, Admissions, Christian Fellowship Hospital, Oddanchatram 624 619, Tamil Nadu.
2. Last date for accepting filled application is _____ before 5. p.m. Applications received after that date will be rejected.
3. Incomplete applications may not be considered
4. For any further correspondence, please quote application number
5. For those who have had more than one attempt in the plus two, a certificate from the Principal stating the number of attempts made by the student, must be enclosed with the application form.
6. **Registration fee by a Demand Draft for Rs.200** On Indian Overseas Bank or South Indian Bank or Canara Bank or State Bank of India or Lakshmi Villas Bank, in favour of "Christian Fellowship Hospital" payable at Oddanchatram must be enclosed alongwith the filled application Form.
Money order will not be accepted.
7. The registration fee, is not refundable.