

SELECTION
COMMITTEE
APPLICATION



Application No :

**ADMISSION TO DIPLOMA IN NURSING COURSE FOR WOMEN 2016-2017 SESSION
APPLICATION FORM
SELECTION COMMITTEE, DIRECTORATE OF MEDICAL EDUCATION**

RANDOM NUMBER :

A.R. No.

(To be assigned by the Selection Committee)

1. +2 Examination/ Equivalent Register / Roll Number Year and Month (2016 Students enter Roll Number / others enter Register Number)

REGISTER / ROLL NUMBER								YEAR			MONTH	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Name in Block Letters (Initial at the end) :
.....

SPACE FOR
PHOTOGRAPH WITH
NAME AND DATE
(TO BE ATTESTED
BY GRADE A / B
OFFICERS OF
CENTRAL / STATE
GOVERNMENTS)

3. Address for Communication :
.....
.....
.....

PIN CODE

Land line Phone No :

Mobile No. 4. Name of Parent / Guardian :

5. Sex : (Encircle a code)

FEMALE
1

6. Nationality : (Encircle a code)

INDIAN	OTHERS
1	2

7. Nativity (Encircle a code)

Tamil Nadu	Others
1	2

7 a. Details of Education: (Encircle the code which is applicable)

Studied from VIII Std to + 2 in Tamil Nadu	Studied from VIII Std to + 2 in Other State
1	2

7 b. If you have completed your + 2/ equivalent schooling in Tamil Nadu (encircle a code)

Government	Govt.Aided	Corporation	Municipality	KVS	CBSE	Pvt.School	Others (Specify)
1	2	3	4	5	6	7	8

8. School(s) of study (Evidence to be produced from the schools studied):

Sl. No.	STANDARD STUDIED	YEAR OF PASSING	NAME & ADDRESS OF SCHOOL	* DISTRICT WITH CODE	STATE
1.	VIII STD				
2.	IX STD				
3.	X STD				
4.	XI STD				
5.	XII STD/EQUIVALENT				

* Refer Annexure VIII for District Code

9. Date of Birth :

DATE	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Community (Encircle a code)

OC	BC	BCM	MBC / DNC	SC	SCA	ST
1	2	2A	3	4	4A	5

11. Name of the Caste :

12. Caste Code :

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Refer List of Communities (For "OC" use code 500)

13. Qualifying Examination :
(Encircle a code)

HSC	SSCE/CBSE	ISCE	OTHERS
1	2	3	4

13 a. Particulars of passing the Qualifying Examination

DETAILS	1 st Attempt	2 nd Attempt	3 rd Attempt
REG. No.			
MONTH & YEAR			

14. Religion :
with code

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15a : First Language
(Please Tick) (✓)

TAMIL	OTHERS
<input type="checkbox"/>	<input type="checkbox"/>

15 b. Marks obtained in Qualifying Examination except Tamil & English :

SUBJECT	MAXIMUM MARKS	MARKS OBTAINED	WEIGHTED TOTAL MARKS	MONTH & YEAR OF PASSING
			A	
			B	
			C	
			D	
TOTAL MARKS		A+B+C+D		

TOTAL MARKS OBTAINED TO
THE MAXIMUM OF 100

= $\frac{A+B+C+D}{\text{Total Maximum marks}} \times 100$

			•		
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16. a. Are you applying Special Category

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

16.b. If Yes specify the Special Category with code numbers

S.No	Code No	Special Category
I		
II		
III		

17. Medium of Instruction (Encircle a code) :

ENGLISH	TAMIL	OTHERS
1	2	3

18. Mother Tongue(with Code) :

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19. District Code (as given in the Prospectus)
(Strike out whichever is not applicable)

	District Code in which XII / Equivalent studied (As entered in column 8 under Sl.no.5)

DECLARATION BY THE CANDIDATE & PARENT

I, Daughter/ Ward of
..... hereby solemnly declare that the information furnished and the statements
given in the application and the enclosures are true, correct and complete. I further declare that if found otherwise,
I will be liable to forfeit my seat and/ or to be removed from the rolls of the Institution at whatever stage of study
I may be, besides making me liable for criminal prosecution.

Signature of Parent / Guardian :

Signature of Candidate

Date :

Date :

Place :

Place :

Note : The guardian can execute the above declaration only if both parents are not alive

SELECTION
COMMITTEE
APPLICATION



A.R. No.
(For Office use only)

**DIPLOMA IN NURSING COURSE
FOR WOMEN 2016-2017 SESSION
SPECIAL CATEGORY FORM**

Sl. No.	Code No.	Category of Special Reservation
1	01.	Children of Ex-Servicemen
2	02.	Eminent Sports Person
3	03.	Orthopaedically Physically Disabled

1. Application No
(As printed in the Application Form)

2. Name of the Candidate with
Address

PIN CODE :

Telephone No : Mobile No.
with STD Code

3. Special Category applied for (Tick the relevant Box)

Code 01	Code 02	Code 03
Children of Ex-Servicemen	Eminent Sports Person	Orthopaedically Physically Disabled
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Details of DD enclosed

DD No.	Date	Amount	Details of Bank
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Special Category Certificates enclosed

Yes	No
1	2

Signature of the Candidate

(For Instructions see overleaf)
(To be produced in person)

1. The Special Category form is to be sent along with the application in the same cover.
2. Put in the relevant box in the outer cover.
3. Candidate should enclose a DD for ₹100/- drawn in favour of the Secretary, Selection Committee, Kilpauk payable at Chennai. The Name of the Candidate, Application No. & Address should be written on the reverse of the Demand Draft.
4. Candidates should enclose an additional self addressed envelope(s) (24 x 12 cms) to send the special reservation counselling call letter(s).
5. Candidates should enclose relevant certificates obtained from the Competent Authority.
6. Application without a DD for 100/- and without the relevant certificates will be summarily rejected without intimation to the candidate.

Table showing the Code No. and the Special Category

Sl. No.	Code No.	Category of Special Reservation
1	01.	Children of Ex-Servicemen
2	02.	Eminent Sports Person
3	03.	Orthopaedically Physically Disabled

SCRUTINY FORM

INSTRUCTIONS TO FILL UP SCRUTINY FORM

1. To be filled by the candidates as per the entries made in the application form and returned
2. Use only Blue color Ball Point Pen for ticking and writing
3. Put Tick mark(✓) in the correct Grey color boxes
4. Write inside the white box, wherever writing is required

1. Details of Qualifying Examination passed

Register/Roll Number

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Month of Passing

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 Year of Passing

--	--	--	--

2. Name (In BLOCK LETTERS)

3. Address

Pin Code :

--	--	--	--	--	--

Mobile :

--	--	--	--	--	--	--	--	--	--

Paste here firmly your recent Photograph
4cm x 5 cm

5. Sex

1. M	2. F	3. TG
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6. Nationality

1. Indian	2. Others
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7. Nativity

1. TN	2. Others
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7a. Details of Education

1	2
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9. Date of Birth

		/			/				
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10. Community

1. OC	2. BC	2A. BCM	3. MBC
4. SC	4A. SCA	5. ST	

11. Caste Code

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13. Qualifying Examination

1. HSC	2. SSCE/ CBSE	3. ISCE	4. OTHERS
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13a. Passed all the Subject of Qualifying Examination & No. of Attempts

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14. Religion

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15. Marks in Subjects (Except - Languages)

Subject	Maximum Marks	Marks Obtained

16. Special Category

1. Yes	2. No
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If Yes?

1. Children of Ex- Servicemen
2. Eminent Sports Person
3. Physically Disabled

17. Medium of Instruction

1. English	2. Tamil	3. Others
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18. Mother Tongue

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19. District Code

	Native District	School District
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I sincerely affirm that the information furnished above are true.

Station :

Date : Signature of the Candidate within the box

மடிக்காதீர்கள்

DO NOT FOLD

TO BE SENT TO THE SECRETARY, SELECTION COMMITTEE IN PERSON /
BY REGD. POST / SPEED POST / COURIER SERVICE



COMMUNITY
(CIRCLE THE
CORRECT NUMBER)

OC	BC	BCM	MBC/DNC	SC	SCA	ST
1	2	2A	3	4	4A	5

HSC GROUP
(CIRCLE THE
CORRECT NUMBER)

SCIENCE	VOCATIONAL	OTHERS
1	2	3

SPECIAL CATEGORY
(CIRCLE THE
CORRECT NUMBER)

YES	NO
1	2

+2 EXAM REGISTRATION
NUMBER / ROLL NUMBER

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YEAR OF PASSING + 2 EXAM

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APPLICATION FORM FOR ADMISSION TO
**DIPLoma IN NURSING COURSE
FOR WOMEN**
IN GOVERNMENT NURSING TRAINING CENTRES
2016 - 2017 SESSION

Application No.

From : (Candidate's Mailing Address)

.....
.....
.....
.....

PIN CODE

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To

The Secretary,

Selection Committee,

No. 162, Periyar E.V.R. High Road,

Kilpauk, Chennai - 600 010.

Note : 1. Candidates seeking admission under special categories have to submit the Special Category form along with the General Category Application in the same Cover. Otherwise they will not be considered under Special Category.

குறிப்பு : 1. சிறப்பு பிரிவின் கீழ் விண்ணப்பிக்கும் மாணவிகள் அதற்கென குறிப்பிடப்பட்டுள்ள சிறப்புப் படிவங்களை பூர்த்தி செய்து, பொதுப்பிரிவு விண்ணப்பப் படிவத்துடன் ஒரே உறையில் சமர்ப்பிக்கவும். அவ்வாறு அனுப்பப்படவில்லையெனில் அவர் சிறப்பு பிரிவிற்கு பரிசீலிக்கப்படமாட்டார்.