

SELECTION
COMMITTEE
APPLICATION



Application No :

**ADMISSION TO DIPLOMA IN NURSING COURSE 2015-2016 SESSION
APPLICATION FORM
SELECTION COMMITTEE, DIRECTORATE OF MEDICAL EDUCATION**

RANDOM NUMBER : AR No

(To be assigned by the Selection Committee)

1. +2 Examination/ Equivalent Register Number, Year and Month

REGISTER NUMBER										YEAR			MONTH	

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

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

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

PIN CODE

Land line Phone No :

Mobile No. 4. Name of Parent / Guardian :

5. Sex : (Encircle a code) 6. Nationality : (Encircle a code) 7. Nativity : (Encircle a code)

FEMALE	INDIAN	OTHERS	TN	Others
1	1	2	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 plus 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

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)

HSE	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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15 a: 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 =

A+B+C+D
-----X100
Total maximum marks

			•		
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16. a. Are you applying Special Category

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

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)

Native District	District code in which XII / Equivalent studied (As entered in column 8 under Sl.No.5)

DECLARATION BY THE CANDIDATE

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

Date & Place

Signature of Candidate

Date & Place :

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

ADMISSION TO DIPLOMA IN NURSING 2015 - 2016 SESSION

A.R.No.

(For Office Use Only)

SCRUTINY FORM

1. Details of Qualifying Exam

Registration Number

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

Passing Month

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 Passing Year

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INSTRUCTIONS TO FILL UP SCRUTINY FORM

1. To be filled by the candidate 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 Gray color boxes
4. Write inside the white box, wherever writing is required

2. Name (In BLOCK LETTERS)

3. Address

Pincode : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
Mobile : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										

Paste here firmly your recent Photograph
4cm x 5 cm

5. Sex

1. M	2. F
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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 Subjects of the Qualifying Examination in Attempt No.

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14. Religion with Code

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15.a First Language:

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15.c Marks in Subjects

15.b Studied Group
1. Science Group
2. Vocational Group
3. Other Groups

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 Handicapped

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

20. Marital Status

Unmarried	Married
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I sincerely affirm that the information furnished above are true.

Station:

Date :

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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/DC	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

APPLICATION FOR ADMISSION TO
DIPLOMA IN NURSING COURSE
IN GOVERNMENT NURSES TRAINING CENTRES
2015 - 2016 SESSION

Application No.

From : (Candidate's Mailing Address)

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

PINCODE

To

The Secretary,
Selection Committee,
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 மாணவர்கள் அதற்கென குறிப்பிடப்பட்டுள்ள சிறப்புப் படிவங்களை பூர்த்தி செய்து, பொதுப்பிரிவு விண்ணப்பப் படிவத்துடன் ஒரே உறையில் சமர்ப்பிக்கவும். அவ்வாறு அனுப்பப்படவில்லையெனில் அவர் சிறப்பு பிரிவிற்கு பரிசீலிக்கப்படமாட்டார்.