



# GAUTHAM SCHOOL OF NURSING

(Under the auspices of M. K. Raghavan Memorial Charitable Trust)

P. B. No. 868

PANAYAPPALLY, KOCHI - 682 005

ORIGINAL

[RECOGNISED BY KERALA NURSES & MIDWIVES COUNCIL, GOVT. OF KERALA]

## Application form for Admission to the General Nursing & Midwifery integrated course for the year .....

1. Name & Present Postal Address :  
(In block letters)

2. Name & Permanent Postal Address :  
(In block letters) with Telephone No. (if any)

3. Sex :

4. Age & Date of Birth :

5. Caste & Religion :

6. Marital Status :  
Single / Married / Widow

7. Height and Weight : .....cm. Weight : .....Kg.

8. Educational Qualification(s) :

9. Number of appearance for Plus Two/  
equivalent examination :

10. Marks for (Plus Two / equivalent  
examination) percentage : % age Rank / Class

(a) Physics

(b) Chemistry

(c) Biology

Total

11. Name & Address of the Guardian

(a) Relationship of the applicant  
with the Guardian :

(b) Occupation of the Guardian :

(c) Income of the Guardian :

P.T.O.

ORIGINAL

**GAUTHAM SCHOOL OF NURSING**

(Under the auspices of M. K. Rajagopal Memorial Charitable Trust)

R. B. No. 888

PANAYAPALLY, KOCHI - 682 008



**DECLARATION BY THE APPLICANT**

I, (Name) ..... hereby declare that I have carefully gone through the prospectus received along with the application and I promise to abide by the rules and regulations of the institution. I further declare that I have no physical or mental disabilities that disqualify me from admission and that the statement made by me in this application and the documents produced in support thereof are true to the best of my knowledge and belief.

Station .....

Signature

Date .....

Name

**DECLARATION OF THE GUARDIAN**

I, (Name) ..... have carefully gone through the prospectus and I undertake, in the event of the above applicant being admitted, to pay regularly all the hostel and other dues till the completion of the course which she will be called upon to pay whether a stipend is paid to her or not, and to execute a Bond for the stipend paid to her.

Station .....

Signature

Date .....

Name

- Note :-
- (1) Duplicate copy of the application form duly filled in and signed together with copies of the enclosures (if any) shall be sent to The Registrar, Kerala Nurses and Midwives Council, Red Cross Road, Thiruvananthapuram - 35 "UNDER CERTIFICATE OF POSTING".
  - (2) True copies of certificates / documents in support of column numbers 4, 8 and 10 should be attached along with the application.
  - (3) Original Certificates shall not be forwarded along with the application form. Original Certificates shall be produced at the time of interview.



**GAUTHAM SCHOOL OF NURSING**

(Under the auspices of M. K. Raghavan Memorial Charitable Trust)

P. B. No. 868

PANAYAPPALLY, KOCHI - 682 005

734

[RECOGNISED BY KERALA NURSES & MIDWIVES COUNCIL, GOVT. OF KERALA]

**Application form for Admission to the General Nursing & Midwifery  
integrated course for the year .....**

1. Name & Present Postal Address :  
(In block letters)
2. Name & Permanent Postal Address :  
(In block letters) with Telephone No. (if any)
3. Sex :
4. Age & Date of Birth :

**DECLARATION OF THE GUARDIAN**

5. Caste & Religion :
  6. Marital Status :  
Single / Married / Widow
  7. Height and Weight : .....cm. Weight : .....Kg.
  8. Educational Qualification(s) :
  9. Number of appearance for Plus Two/  
equivalent examination :
  10. Marks for (Plus Two / equivalent  
examination) percentage : % age Rank / Class
- 
- (a) Physics
- (b) Chemistry
- (c) Biology
- Total
- 

11. Name & Address of the Guardian :
- (a) Relationship of the applicant  
with the Guardian :
- (b) Occupation of the Guardian :
- (c) Income of the Guardian :

**DECLARATION BY THE APPLICANT**

(Under the auspices of M. K. Regulating Minister, Charitable Trust)

P. B. No. 188

PANAYAPPALLY KOCHI - 682 008

I, (Name) ..... hereby declare that I have carefully gone through the prospectus received along with the application and I promise to abide by the rules and regulations of the institution. I further declare that I have no physical or mental disabilities that disqualify me from admission and that the statement made by me in this application and the documents produced in support thereof are true to the best of my knowledge and belief.

Station .....

Signature

Date .....

Name

**DECLARATION OF THE GUARDIAN**

I, (Name) ..... have carefully gone through the prospectus and I undertake, in the event of the above applicant being admitted, to pay regularly all the hostel and other dues till the completion of the course which she will be called upon to pay whether a stipend is paid to her or not, and to execute a Bond for the stipend paid to her.

Station .....

Signature

Date .....

Name

- Note :-
- (1) Duplicate copy of the application form duly filled in and signed together with copies of the enclosures (if any) shall be sent to The Registrar, Kerala Nurses and Midwives Council, Red Cross Road, Thiruvananthapuram - 35 "UNDER CERTIFICATE OF POSTING".
  - (2) True copies of certificates / documents in support of column numbers 4, 8 and 10 should be attached along with the application.
  - (3) Original Certificates shall not be forwarded along with the application form. Original Certificates shall be produced at the time of interview.