



No : / 2024

## G.KUPPUSWAMY NAIDU MEMORIAL HOSPITAL

POST BOX NO. 6327, PAPPANAICKENPALAYAM , COIMBATORE - 641037

**INSTITUTE OF NURSING**

**DIPLOMA IN GENERAL NURSING AND MIDWIFERY**

### APPLICATION FOR ADMISSION - 2024

PHOTO

#### FILL IN BLOCK LETTERS ONLY

- Name : \_\_\_\_\_  
(As mentioned in +2 mark certificate)
- Date of Birth \_\_\_\_\_ ( Not before : 01 / 10 / 1988 & Not after : 30 / 08 / 2007)  
Age : \_\_\_\_\_, Gender: \_\_\_\_\_, Blood Group: \_\_\_\_\_, Religion: \_\_\_\_\_  
Nationality: \_\_\_\_\_, State: \_\_\_\_\_  
Community: \_\_\_\_\_ (BC / MBC / SC / ST or OC)
- Father's Name & Occupation : \_\_\_\_\_ / \_\_\_\_\_
- Mother's Name & Occupation : \_\_\_\_\_ / \_\_\_\_\_
- Guardian's Name & Relationship : \_\_\_\_\_ / \_\_\_\_\_
- Aadhar No : \_\_\_\_\_
- Phone No : \_\_\_\_\_ (F) \_\_\_\_\_ (M)  
(As Applicable ) : \_\_\_\_\_ (H) \_\_\_\_\_ (G)  
Email ID : \_\_\_\_\_
- Identification Mark : 1. \_\_\_\_\_  
2. \_\_\_\_\_
- Address

Permanent Address	Communication Address

10. Educational Qualification :

Qualification	Name of the Examination	Medium of Instruction	Registration No	Year of Passing	Total Marks	% of Marks	No. of Attempts	Name of School / College
10 <sup>th</sup>								
11 <sup>th</sup>								
12 <sup>th</sup>								

11. +2 Subject Details / It's Equivalent :

S.No	Subject	Marks	Percentage	Attempt
a)				
b)				
c)				
d)				
e)				
f)				
	Total			

12. Health Status :If any Health Problem, Specify : \_\_\_\_\_

Height in Cms: \_\_\_\_\_ Weight in Kg: \_\_\_\_\_

**DECLARATION**

I hereby declare that the above facts given are true and correct to the best of my knowledge. I have gone through the prospectus and agree to abide by the rules and regulations of the Institute and the Hospital. I am aware that if I violate the rules and regulations of the Institution, I am liable for immediate dismissal from the Institute. I promise to conduct myself inside and outside the Hospital with discipline and decorum and will do nothing ,to bring disrepute to the Institution.

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Signature of the Candidate

Signature of the Parent / Guardian

**Enclose one set of Photocopies of the following certificates:**

- a) Transfer Certificate      b) 10<sup>th</sup> Mark Sheet      c) 11<sup>th</sup> and 12<sup>th</sup> Mark Sheet  
d) Community Certificate    e) Birth Certificate      f) Aadhar Card          g) Income Certificate  
h) Ration Card                  i) Bank pass book

