

ST. THOMAS SCHOOL OF NURSING

Jyothi Hospital Campus, P.O.Kuruda

Dist-Balasore-756056

Odisha-India, Mobile No: 7682879730

Website: www.jyothihospital.org.in

E-mail: stsonjyothi@gmail.com

Height & Weight

9.

Recent Passport size photo

APPLICATION FORM FOR ADMI	<u> </u>	OR GNM.			
1. Name of the Student (In block letters)	:				
2. Father's Name	:				
3. Mother's Name	:				
4. a. Address for Communication	:				
b. PhoneNo. With STD cod	le:				
Mobile No.	:				
Email ID	:				
5. a. Aadhaar No.	:				
b. Blood Group	:				
6. a. Date of Birth	:			Age]
b. Place of Birth	:				<u></u>
c. State of living	:				
7. a. Religion	:				
b. Caste	:				
c. Subcaste –SC/ST/OBC	:				
8. Nationality	:				

Ht in cm.....

& Weight in kg

10. Academic Particulars

ExamPassed	Name & address of the school/college	Name of the Board/univ.	Reg.No.	Percentage of Marks	Year of Passing
a.SSLC					
b. PUC/HSE /+2orEqu ivalent					
c. Any other Course					

11. Total Marks obtained in PUC/HSE/+2orEquivalent Examination.				
Marks	out of	Percentage		

- 12. Photo copies of below mentioned Certificates to be enclosed:
 - 1. SSLC/10th Marks card & Certificate
 - 2. PUC/HSE/+2 Mark scard
 - 3. Transfer Certificate & Conduct Certificate
 - 4. Migration Certificate (candidates out of Orissa state)
 - 5. Copy of Aadhaar Card
 - 6. Latest Passport size photograph
 - 7. School leaving certificate.
 - 8. Application fee of Rs.600/- to be paid along with the application form before May 15th2024 to the School of Nursing office between 8am 4pm.

DECLARATION BY THE CANDIDATE

I hereby undertake that I have filled up this form myself and to the best of my knowledge and belief the particulars given above are true.

I have read and understood the prospectus and I hereby undertake to abide by all the rules and regulations in force at present and also those which may hereafter be introduced for the administration of college and hostel.

I also undertake that so long as I am a student of this college, I will do nothing gun worthy (of a student of the college) either inside or outside, anything that will interfere with its orderly working and discipline. I am aware that the management has the full authority to expel me for negligence in studies, misbehavior that will bring down the name of the Institution and my profession.

I hereby undertake that I shall pay the fees and other dues to the Institution promptly ondemand.

Date:	Signature of the Applicant	Signature of the Parent/Guardian