

Application No: 

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**ADMISSION TO DIPLOMA IN NURSING COURSE FOR WOMEN 2017-2018 SESSION  
APPLICATION FORM  
SELECTION COMMITTEE DIRECTORATE OF MEDICAL EDUCATION,  
KILPAUK, CHENNAI – 10.**

A.R. NUMBER 

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( To be assigned by the Selection Committee)

1. +2 Examination/Equivalent/ Roll Number/ Year and Month 2016 Student Enter Roll No. Other Enter Register No.

REGISTER/ROLL NUMBER									

YEAR		

MONTH	

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

3. Address for Communication :

.....

.....

.....

PIN CODE .....

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

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)

TN	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	

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

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

13. Qualifying Examination : (Encircle a code ) 13 a. Particulars of passing the Qualifying Examination:

HSC	SSCE/ CBSE	ISCE	OTHERS
1	2	3	4

DETAILS	1 <sup>st</sup> Attempt	2 <sup>nd</sup> Attempt	3 <sup>rd</sup> Attempt
REG NO			
MONTH & YEAR			

14. Religion with code

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			<b>A+B+C+D</b>	

TOTAL MARKS OBTAINED TO THE MAXIMUM OF 100 =  $\frac{A+B+C+D}{\text{Total maximum marks}} \times 100$

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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16. a. Are you applying Special Category 16.b. If Yes specify the Special Category with code numbers

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

S.No	Code No	Special Category
I		
II		
III		

17. Medium of Instruction (Encircle a

English	Tamil	Others
1	2	3

code) :

18. Mother Tongue(with Code) :

19. District Code (as given in the Prospectus )

( Strike out whichever is not applicable )

Native District	District Code in which XII / Equivalent studied(As entered in column 8 under Sl.no.5)
<input type="text"/>	<input type="text"/>

**DECLARATION BY THE CANDIDATE & PARENT**

.....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 & Place

Date & Place :

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



A.R.No.

(For Office use only)

**DIPLOMA IN NURSING COURSE FOR WOMEN 2017-2018 SESSION  
SPECIAL CATEGORY FORM**

SI.NO	Code No.	CATEGORY OF SPECIAL RESERVATION
1	02.	CHILDREN OF EX-SERVICEMEN
2	03.	EMINANT SPORTS PERSON
3	04.	ORTHOPAEDICALLY PHYSICALLY DISABLED

1. Application No:

(As printed in the Application Form)

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2. Name of the Candidate with

.....

Address

.....

.....

.....

PIN:.....

Telephone No:.....Mobile No.....

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

Code 02	Code 03	Code 04
Children of Ex-Servicemen	Eminent Sports Person	Orthopaedically Physically Disabled

4. Details of DD enclosed

DD.No.	DATE	AMOUNT	DETAILS OF BANK

5. Special Category Certificates enclosed

Yes	No
1	2

Signature of the Candidate

(For Institutions see overleaf)

## INSTRUCTIONS

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) (24x12 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**

SI.NO	Code No.	CATEGORY OF SPECIAL RESERVATION
1	02.	CHILDREN OF EX-SERVICEMEN
2	03.	EMINANT SPORTS PERSON
3	04.	ORTHOPAEDICALLY PHYSICALLY DISABLED

1. Details of Qualifying Examination passed

Register/  
Roll Number

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

Month of  
Passing

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Year of  
Passing

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INSTRUCTIONS TO FILL UP SCRUTINY FORM

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

2. Name :

(In BLOCK LETTERS)

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3. Address:

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Pin Code :

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Mobile :

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Paste here firmly your  
recent Photograph  
4 cm 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/DNC
4. SC	4A. SCA	5. ST	

12. Caste Code

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13. Qualifying  
Examination

1. HSE	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

If Yes?

- Children of Ex- Servicemen
- Eminent Sports Person
- Physically Disabled

17. Medium of  
Instruction

1. English 2. Tamil 3. Others

18. Mother Tongue

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19. District  
Code

Native District School District

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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/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

(Put ✓)

**APPLICATION FORM FOR ADMISSION TO  
DIPLOMA IN NURSING COURSE  
FOR WOMEN  
IN GOVERNMENT NURSES TRAINING CENTRES  
2017-2018 SESSION**

+2 EXAM REGISTRATION  
NUMBER/ROLL NUMBER

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YEAR OF PASSING +2 EXAM

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APPLICATION NO:

From: (Candidate's Mailing Address)

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

PINCODE:

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TO

The Secretary,  
Selection Committee,  
No.162, Periyar E.V.R. High Road,  
Kilpauk, Chennai-600 610.

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.