

Admission No. :

Application No. :



VIGNESH NURSING COLLEGE

#131, Manalurpet Road, Kizhanaikarai, Tiruvannamalai-606603.

Email : vnc_tvmalai@yahoo.co.in Website: www.vigneshnursingcollege.edu.in

Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai

Recognized by The Indian Nursing Council and The Tamil Nadu Nurses and Midwives Council

Sponsored by SREE SELVAVINAYAGAR TRUST, Tiruvannamalai

APPLICATION FORM FOR ADMISSION TO BASIC B.Sc.(N) DEGREE COURSE - 20 - 20

(This Application Form should be completed by the applicant in his/her own handwriting)

All Admissions are subjected to approval from the Tamil Nadu Dr. M.G.R Medical University.

The Candidates should provide correct information in the application form.

If it is found incorrect,

- The candidate will be forced to forfeit the admission at any stage of the course
- Legal action will be initiated against the candidate.

Affix recent
Passport Size photo
of the candidate

1. Name of the Applicant (in block letters as seen in School record)	:													
2. Date of Birth (as per the SSLC or HSC or Equivalent)	:													
Age	:													
3. Sex	:	<input type="checkbox"/> Male	<input type="checkbox"/> Female											
4. Mobile Number	:													
5. Email ID	:													
6. Nationality	:													
7. Religion	:													
8. Community (Tick the relevant box)	:	BC		MBC		BCM		SC		SCA		ST		OC
9. Particulars of Community Certificate (Photocopy of Permanent Community Certificate to be enclosed)	:													
a) Name of the Caste	:													
b) Serial No. of Certificate	:													
c) Date of Certificate	:													
d) Designation of Officer and Office of issuing authority	:													

10. Details of Parents / Guardian

a) Father's Name :

b) Name of Guardian (if Parents are not alive) :

c) Relationship of the Guardian :

d) Occupation of Father / Mother / Guardian :

e) Annual Income :

f) Mobile Number :

g) Email Id :

11. Marital Status : Married Unmarried

12. Permanent Address Present Address

Pincode: _____

Pincode: _____

13. Mother Tongue :

14. Languages Known Speak :

Read :

Write :

15. Whether Hostel Accommodation is needed : Yes No

16. Details of Educational Qualification

Examination Passed	School / Institution	State Board / CBSE	% of Marks	Year of Passing
S.S.L.C				
H.S.C				
Others				

17. Medium of Instruction :

18. HSC Register Number :

19. Permanent Register Number :

20. Marks of HSC or Equivalent

Subject	Marks Obtained	Percentage	No.of Attempts
Tamil / First Language			
English			
Physics			
Chemistry			
Biology			
Botany			
Zoology			
Mathematics			
Others			
Total			

18. Percentage of PCB in HSC :

19. EMIS Number :

20. Extra Curricular Activities :

21. Hobbies :

22. Reason for choosing this Course :

DECLARATION BY THE CANDIDATE

I S/o D/o do hereby declare that all the information given in this application is complete and true to the best of my knowledge.

I do hereby undertake to abide by all the conditions, rules and regulation in force at present and those, which may hereafter be introduced after the admission in College & Hostel. I will do nothing unworthy of a student of the College either inside or outside or anything that will interfere with its orderly working and discipline. I am aware that the Principal / Management has the authority to expel me for disinterest in studies, misbehaviour and continuous failures. I am also aware that I will pay the fees for the entire course in case I have to discontinue the course in between. I declare that my admission is subject to the approval / eligibility criteria of the Tamil Nadu Dr. M.G.R Medical University and I undertake to fully comply the same.

I do hereby undertake that I shall pay all the fees and other dues to the institution promptly on demand. I am also aware that once I join for a course any change over to the other course is not permissible. I am also aware that once I join the hostel, I will continue up to the end of that academic year (one year)

Place:

Date:

SIGNATURE OF THE APPLICANT

AFFIDAVIT BY THE STUDENT

I D/o S/o. Mr./Mrs.
is admitted in Vignesh Nursing College for the academic year of would like to personally declare that I will not involve myself in any term of ragging during my period of study in the college. I also firmly ascertain that I will not indulge in ragging activities of students either with seniors of juniors, knowingly or unknowingly. I assure to create peaceful and cordial environment with my fellow beings. I cooperate with the Management, Principal, Faculty and Anti-Ragging committee in order to curbing menace ragging.

Declared this on

Signature of the Student

AFFIDAVIT BY THE PARENT / GUARDIAN

Mr./Mrs./ Father/Mother/Guardian of Mr./Mrs./ is admitted in Vignesh Nursing College for the academic year of would like to personally declare that my daughter / son will not involve in any type of ragging activity during her / his period of study in the college. I also firmly ascertain that he / she will not indulge in any ragging activities knowingly or unknowingly. I assure you that my ward will not commit any activity that disturb cordial environment of the college. I solemnly declare that my daughter / son will maintain peaceful scenario with his / her fellow beings. I cooperate with the Management, Principal, Faculty and Anti-Ragging committee by encouraging my ward for non indulge in any ragging and hence whole heartly support in curbing menace ragging.

Declared this on

Signature of the Parent / Guardian

Note:

Application Cost – 500/-

(Take DD for ₹.500 in favour of **Vignesh Nursing College**, payable at Tiruvannamalai)

FOR THE USE OF SELECTION COMMITTEE ONLY

Verified all the originals with reference to the particulars furnished in the application form and found correct and the candidate is eligible for admission as per the rules and regulation.

The candidate is admitted in Basic B.Sc Nursing degree course for the Academic year - 20__ to 20__.

Signature of Verifying officer

Managing Trustee

Signature of the Principal