

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 & The Tamil Nadu Nurses and Midwives Council

Sponsored by SREE SELVAVINAYAGAR TRUST, Tiruvannamalai

Affix Recent  
Passport Size photo  
of the Candidate

## APPLICATION FORM FOR ADMISSION TO M.Sc.(N) DEGREE COURSE - 20 - 20 (2 YEARS)

(The application form is to be completed by the applicant in her / his own handwriting)

The candidates should provide correct information in the application form.

If it is found incorrect,

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

1.	Name of the Applicant (in block letters)	:										
2.	Date of Birth (as per the SSLC or HSC or Equivalent)	:										
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 / Spouse / Guardian	:										
	a) Father Name	:										
	b) Mother Name	:										
	c) Husband / Wife / Guardian	:										
	d) Occupation of Father / Spouse/ Guardian	:										
	e) Annual Income	:										
	f) Mobile Number	:										

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				
B.Sc (N)				
P.B.B.Sc (N)				
Others				

17. Registration Details with Date

RN

:

\_\_\_\_\_

RM

:

\_\_\_\_\_

18. Work Experience (if any)

Name of the Institution	Designation	From	To	Total		
				Year	Month	Day
			Total			

19. Registration Details

RN :

RM :

20. Extra Curricular Activities :

21. Hobbies :

**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 full 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

**DECLARATION BY PARENT / GUARDIAN**

I ..... hereby state that, the above declaration by Mr./Ms./ ..... is my daughter / son / ward and I assure to cooperate with the college authorities and assure the progress and good behaviour of my ward.

SIGNATURE OF THE PARENT / GUARDIAN

**JOINT DECLARATION BY CANDIDATE & PARENT / GUARDIAN**

We have read and understood the rules and regulations of the college / University and we will strictly abide by these rules and regulations.

Place:

Signature of the Candidate:

Date:

Signature of the Parent / Guardian:

Note:

**Application Cost – 500/-**

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

Documents Required for the Admission:

1. SSLC Mark Sheet
2. HSC Mark Sheet
3. GNM Degree Certificate
4. Eligibility Certificate (Obtained from University)
5. Transfer Certificate
6. RNRM
7. GNM Mark Sheets (All 3 Years)
8. GNM Consolidated Mark Sheet or Internship Book
9. Community Certificate
10. Nativity Certificate
11. Income Certificate
12. Aadhaar
13. Experience Certificate (If any)
14. Passport Size Photo (04)

**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 regulations.

Signature of Verifying Officer

**Managing Trustee**

**Signature of the Principal**