

GOVT. COLLEGE OF NURSING, THIRUVANANTHAPURAM
PARENT TEACHERS ASSOCIATION
APPLICATION FOR ENROLLMENT AS MEMBER

Name of student :

Name of the parent (Father/Guardian)
& Occupation :

Name of Mother & Occupation :

If guardian, relationship with student :

Residential address with Phone number :

Mobile number (Father/Guardian) :

Mobile number of mother :

Name of the course : GNM/B.Sc. Nursing/Post basic diploma/ P.B.B.Sc. Nursing/ M.Sc. Nursing

Date of Admission :

Membership fees

Amount :

Date :

Transaction id :

I hereby declare that I have read the bye-laws of the Association and agree to abide by the same.

Place :

Date :

Signature of the applicant

PTA Account details	Amount
State Bank of India Account No : 57036205121 IFSC Code : SBIN0070029	Rs.7500/-

NB: Application form with receipt of online transaction details should be submitted on the first day of class without fail.