

Medical College, Thiruvananthapuram. Phone: 0471-2444290, 2551147

Fax: 0471-2551147 Email ID:-nursingcollegetym@yahoo.co.in

B.Sc. Nursing/Post Basic B Sc Nursing/Post Basic Diploma in specialty Nursing/MSc Nursing Check List

| 1 | Naı | me | : | | | | | |
|--|--------|--|---------------------------|------------------------|-----------|---------------|--|--|
| 2 | Dat | te of Birth : | | | | | | |
| 3 | App | plication No. /Rank No. : | | | | | | |
| 4 | Cou | urse : | | | | | | |
| 5 | Cat | tegory : | | | | | | |
| 6 | | | (arrange the certificates | in this order. Verific | | | | |
| | No | Certificates in Ori | ginal | | Submitted | Not Submitted | | |
| a. | | Allotment memo | | | | | | |
| b. | | Fee receipt Certificate to prove | Data of Birth | | | | | |
| d. | | TC | | | | | | |
| e. | | Conduct Certificate | | | | | | |
| f. | | Mark list/ Pass Certificate (SSLC, AISSC/CBSE/ICSE (10 th) | | | | | | |
| g. | | | rificate (PDC, /CBSE/ISO | | | | | |
| h. | | | ing/ GNM (if applicable) | | | | | |
| i. | | Degree/diploma certificate (if applicable) | | | | | | |
| j. | | KNMC registration certificate (if applicable) | | | | | | |
| k. | | Eligibility Certificate | | | | | | |
| 1. | | Migration Certificat | | | | | | |
| m | ١. | Caste Certificate (if | | | | | | |
| n. | | Income Certificate | (if applicable) | | | | | |
| 0. | | Medical Fitness | | | | | | |
| p. | | Vaccination | | | | | | |
| q. | | Any other | C 1 /D / A /' | • | | | | |
| 7. | | | Student/Parent - Anti rag | gging | | | | |
| 8. 9. | | Photographs (3 nos Bond (if applicable) | , | | | | | |
| 1(| | Date of Admission |) | | | | | |
| 1(| J. | Date of Admission | | | | | | |
| Γ | Cuitio | on Fees | Misc. Fees | Caution Deposit | Va | n Fees | | |
| | | | | | | | | |
| Demand Draft No. : dated: KUHS fees (if applicable) : | | | | | | | | |

Clerk Sr. Superintendent Principal



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ADMISSION CHIT

Name of Candidate :

Course to which admitted :

Date of Admission :



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| <u>DECLARATION</u> | | | | | | | |
|--|------------------------------|--|--|--|--|--|--|
| I admitted in (course)will submit the following certificates within 5 DAYS | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Date | Signature of Students & Name | | | | | | |



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| 1 | Name | | | | | | |
|--|--|-----------|---------------|--|--|--|--|
| 2 | Age & Date of Birth | | | | | | |
| 3 | Application No. | | | | | | |
| 4 | Rank No | | | | | | |
| 5 | Religion & Caste | | | | | | |
| 6 | SC/ST (Specify) | | | | | | |
| Certificates in Original (arrange the certificates in this order. Verification will be done in office) | | | | | | | |
| 7 | Certificates in Original | Submitted | Not Submitted | | | | |
| a | Allotment memo | | | | | | |
| b | Fee receipt | Rs- 15/- | | | | | |
| c | Certificate to prove Date of birth | | | | | | |
| d | Transfer certificate | | | | | | |
| e | Course &Conduct Certificate | | | | | | |
| f | Mark list/ Pass Certificate (SSLC, AISSC/CBSE/ICSE (10 th) | | | | | | |
| h | Mark list/ Pass Certificate (PDC/state/CBSE/ISC (12 th) | | | | | | |
| i | Equivalence Certificate, If any | | | | | | |
| j | Community Certificate | | | | | | |
| k | Nativity Certificate | | | | | | |
| 1 | Income Certificate | | | | | | |
| m | Medical Fitness | | | | | | |
| | Undertaking from | | | | | | |
| 8 | Student/Parent - Anti ragging | | | | | | |
| 9 | Photographs (3 nos) | | | | | | |
| 10 | Bond | | | | | | |
| 11 | Date of Admission | | | | | | |

Clerk Sr. Superintendent

Principal