

# GOVERNMENT COLLEGE OF NURSING, THIRUVANATHAPURAM

## PROFORMA FOR STUDENT REGISTRATION

### General Nursing & Midwifery

1. Date of Admission :
2. Date of commencement of class :
3. Course :
4. Name of the candidate (as in SSLC) :

#### 5. Personal details

Sex		Permanent Address ( <b>Capital letters</b> )	
Date of Birth		House name:	
Marital Status			
Aadhar No:		Post:	
Blood Group			
Name of the Parent or Guardian (As in SSLC)		Street:	
Relation			
Mobile No	1. 2.		
Email. ID		Nationality	
Category		District	
Religion		State	
Caste		Country	
Nativity		Pin Code	
<b>Address of Communication (if any) (Capital letters)</b>			
House name:			
Post:			
Street:			
District			
State			
Pin Code			

**6. Details of the qualifying examination**

Name of the qualifying examination	Reg No	Year of passing	(%) of Marks	Division /Grade	Board/ University

**7. Other details if any**

Migration Certificate, if any:

Equivalence Certificate, If any

Any Other relevant details if any

**DECLARATION**

I ..... hereby agree that the forgoing information is correct and complete to the best of my knowledge and belief, nothing has been concealed or distorted. If I have found to have concealed or distorted any material information, Nursing Council shall be able to take action against me and summarily cancel my registration and admission and also agree to abide by the rules and regulations of the Nursing Council.

Place

Signature

Date

Name of the student

**Verified with Actual Records and found correct**

Place

Date

Name and Signature of Principal

College Seal