

GOVERNMENT COLLEGE OF NURSING, THIRUVANATHAPURAM

PROFORMA FOR STUDENT REGISTRATION

BSc Nursing/ Post Basic BSc Nursing/MSc Nursing/Post Basic Diploma in Speciality Nursing

1. Date of Admission :
2. Date of commencement of class :
3. Course :
4. Sub Speciality (if applicable) :
5. Name of the candidate :

6. Entrance Examination details

Name of the examination	Authority	Reg No	Rank No	Year	Admission Quota

7. Personal details

Sex		Permanent Address (Capital letters)			
Date of Birth		House name: Post: Street:			
Marital Status					
Aadhar No:					
Blood Group					
Name of Candidate with initials expanded					
Name of the Parent or Guardian (As in SSLC)					
Relation					
Mobile No					
Email. ID		Nationality			
Category		District			
Religion		State			
Caste		Country			
Nativity		Pin Code			

Address of Communication (if any)

8. Details of the qualifying examination

Name of the qualifying examination	Reg No	Year of passing	(%) of Marks	Percentage of Marks (In Case of UG Courses)			Division /Grade	Board/ University
				PCB	Maths	Total		

9. Details of internship if any

Period from	Period to	Address and Name of the institution

10. Other details if any

Migration Certificate, if any:

Equivalence Certificate, If any

Council Registration No If any

Any Other relevant details if any

School where educated

Register No, Date of SSLC/ Equivalent & authority issuing it:

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, University 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 University.

Place

Signature

Date

Name of the student

Verified with Actual Records and found correct

Place

Date

Name and Signature of Principal

College Seal