

**INDIRA COLLEGE OF NURSING
KONALAI, TRICHY-621105
Application form for the Nursing programmes**

Academic Year from 2020 to 2021

Nursing Program (Please tick in appropriate box)

1. B.Sc Nursing :

2. M.Sc Nursing :(specify the specialty of your interest)

a. First Choice : _____

b. Second Choice : _____

**Affix
Photograph**

I. A. Personal Details

- Name (as given in the degree certificates| SSLC)
- Father / Spouse Name:
- Mother Name
- Date of Birth and Age :
- Gender:
- Religion : Caste / Group:
- Nationality:
- Marital Status : Single /Married
- Native Language :
- Address & Contact details :

Landline No:

Mobile No.:

B. Family Details: If Single

Family members	Age	Sex	Education	Occupation	Income/ month	Health status
Father						
Mother						
Siblings						

C. Family Details : If Married

Family members	Age	Sex	Education	Occupation	Income / month	Health status
Spouse						
Children						

II. Qualification

A. General education

SLNO	Qualification	Year of Passing	University/Board	% of marks / grade/class
1	+2			
2	Pre Univ			
3	Pre-degree/Any equivalent			

B. Professional Qualification (If applicable)

Qualification	Year of passing	University/ board	% of marks / grade / class	Registration(RN/ RM)
GNM				
B.SC(N)				
P.B.B.SC				

C. Other Qualification : If Any

III.Work Experience: (Start With Latest Position held)

Sl.No	Position	Clinical areas	Duration of experience			Place of work /address	Reason for relieving
			From	To	Total		

IV. Languages Known

Sl. No.	Language	Speak	Read	Write

V. Personal Interest and hobbies:

VI. Health History:

A. History of any Personal, Medical or Surgical illness: Yes /No
If yes, any treatment taken or on treatment (Specify)

B. Any family History of Hereditary / Genetic / Psychiatric illness:

VII. Write briefly the reason for opting to do higher education:

References (Give two names and addresses of which one from employer last worked)

- 1.
- 2.

Self Declaration

The above furnished details are true to my knowledge and I am responsible for the discrepancy if found any and their consequences

Signature of the Candidate

Name:

Date:

Place:

Check list: [Ensure the following are enclosed along with the application]

The following relevant Documents in **original** should to be submitted at the time of Admission:
(M.Sc N/ B.Sc N)

1. Filled in application
2. 10th Mark Sheet-**5 Set Xerox**
3. **11th Mark Sheet-5set Xerox**
4. +2 Mark sheet -**5 Set Xerox**
5. Community Certificate -**5 Set Xerox**
6. Transfer certificate -**5 Set Xerox**
7. Pass port size photographs – 20-white background
8. Medical fitness certificate
9. Blood Group Certificate
- 10.ID Card Application
- 11.First graduation certificate (for first graduate scholarship)-Rs.50 Bond-1
- 12.Income certificate – **5 Set Xerox**
- 13.Aadhar Card – **5 Set Xerox**
- 14.Ration Card- **5 Set Xerox**
- 15.Smart Card – **5 Set Xerox**
- 16.Green Sheet – 3
- 17.Rs.20 Bond - 2
18. Bank Pass Book Front page Xerox (for scholarship)-MICR & IFSC CODE NUMBER to avail Govt Scholarship

**Note: SC/ST Scholarship: Both Govt counselling candidates & Management candidates;
BC/MBC: Govt counselling candidates only**

Contact details:

E-mail: principalicontry@gmail.com

Office : 9442831258, 9443137421

Website: www.indiracollegeofnursing.in

Mobile: 9789624286, 9489805041

Postal Address:

The Principal

Indira College of Nursing

Trichy-Chennai Main Road

Konalai

Trichy

Pin code: 621105

MEDICAL FITNESS FORM – 3

Date of Examination:

I. Personal data:

Name:

Age:

Sex:

Marital status:

Identification marks:

1. _____

2. _____

II. General Examination:

a. Height _____ cms

b. Weight _____ kg

c. Vital Signs: T _____ P _____ R _____ B.P _____

d. Nutritional status: Normal/under nourished/mal nourished/ obsessed

e. Blood examination: Hb _____ Blood group _____

f. Skin

g. Pallor

h. Menstrual cycle: Regular/irregular

Period of cycle _____ Duration _____ Flow _____

Dysmenorrhea _____ Treatment if any _____

III. Systemic Examination:

a. CNS _____

- b. Respiratory system _____
- c. Cardiovascular system _____
- d. Gastro Intestinal System _____
- e. Musculo Skeletal System _____

III. Investigations:

- a. Complete blood count
- b. Urine routine
- c. Vision
- d. Chest X-ray
- e. ECG

Date:

Place:

Signature of Medical officer:

PHYSICAL FITNESS CERTIFICATE FOR ADMISSION TO NURSING COURSES

I Dr _____ after careful personal examination of the candidate do here by certify that Mr / Ms / Mrs _____ is found physically fit to undergo professional education.

Date:

Signature of the Medical Officer :

Place:

Name :

Designation :

Reg. No. :

ID CARD APPLICATION

NAME: -----

COURSE: ----- YEAR -----

ADMISSION NO: -----

DATE OF BIRTH: -----

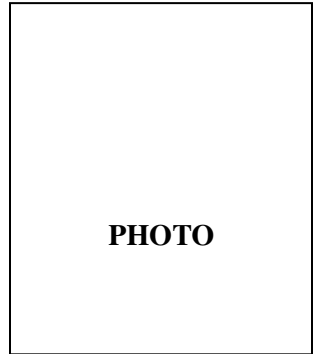
BLOOD GROUP: -----

FATHER'S NAME -----

ADDRESS: -----

PIN: -----

PHONE NO: -----



BLOOD GROUP CERTIFICATE

PATIENT NAME	:	SEX:	AGE:
HAEMIGLOBIN	:	GM%	13.0-18.0 GM%
FASTING BLOOD SUGAR	:	mg/dl	70-110 mg/dl
POSTAL PRANTIAL BLOOD SUGAR	:	mg/dl	70-140 mg/dl
RANDOM BLOOD SUGAR	:	mg/dl	70-140 mg/dl
SERUM CHOLESTROL	:	mg/dl	<200 mg/dl
BLOOD GROUP Rh	:		
URINE SUGAR - F	:		
URINE SUGAR - PP	:		