

IMMACULATE INSTITUTE OF HEALTH SCIENCES

IDHAYA NAGAR, MELAPUTHAMANGALAM,
THIRUNALLAR, KARAİKAL - 609-607.
PUDUCHERRY STATE.



APPLICATION FOR ADMISSION IN GENERAL NURSING & MIDWIFERY (GNM)

Application No.:

(To be filled in by the candidate in her own hand writing)

1. Name of the Applicant :
(in BLOCK LETTERS)
2. Father's Name :
3. Nationality :
(a) State
4. Religion, Caste :
(a) Mother Tongue
5. Community : BC / MBC / SC / or OC
(Put a tick mark in the appropriate Place
If SC/ST, Certificates must be attached)
(a). Address to Which Communications
are to be sent.
(b). Contact No (Phone) :
6. Place of Birth :
(a). Date of Birth and Age as Per Hr. Sec. :
7. Height in CM :
(a). Wight in Kgs :
8. Name of the Parent / Guardian :
(if Guardian his or her relationship to the candidate :
(a). Parent Guardian Occupation & Annual Income :
(b). Mother Name :
9. EDUCATIONAL QUALIFICATION :

CANDIDATE'S
PASS-PORT
SIZE PHOTO

Total Marks Obtained

Qualification	Medium of Instruction Date & Year of Passing	Subject	%of Marks Secured	School/College Where Studied	No.of Attempts	Reg. No of Examination
S.S.L.C						
Higher Secondary		Physics Chemistry Botany Zoology Biology English				

Note: The above statement of marks should be Attested by the Head of School last studied or by a Gazetted Officer.

- 10. Whether interested in Sports, games and other :
Extracurricular activities like music, dancing,
Painting etc.
(Give particulars, True copies to be enclosed)
- 11. Catholic candidates are requested to enclose :
a letter of Recommendation from the parish
Priests

REFERENCE

Give the names and Address of two persons of good standing, other than relatives to whom a reference may be made.

1.

2.

DECLARATION

I.....declare that I abide by the rules and regulations of the Immaculate Institute of Health Science and in the event of any disobedience, I accept my dismissal from the institution.

Place :

Date :

(Signature of the Candidate)

I Parent / Guardian of
.....hereby declare that my daughter will abide by the rules and regulations of the Immaculate Institute of Health Science and in the event of her disobedience or any misconduct, I accept her dismissal from the institution.

Place :

Date :

(Signature of Parent / Guardian)

HOW TO APPLY

A demand draft in favour of “ **IMMACULATE INSTITUTE OF HEALTH SCIENCES, KARAIKAL** ” Rs.200/- to be attached for application fee

Hence candidates are advised to send the duly filled Application form with Zerox copies of all certificates to The Director, Immaculate Institute of Health Sciences, Idhaya Nagar, Melaputhamangalam, Thirunallar, Karaikal – 609 607, Puducherry State

ENCLOSURES WITH THE APPLICATION:

The following documents should be attached to the application form.

- a. Mark sheets of S.S.L.C and +2. or its equivalent examination.
- b. 5 recent passport size photographs
- c. Conduct Certificate issued by the Head of the Institution where the student last studied.
- d. Transfer Certificate.
- e. Community Certificate.
- f. A certificate of physical fitness issued by a registered Medical Practitioner.
- g. Aadhar card
- h. Birth / Babtism certificate