



ST. THOMAS COLLEGE OF NURSING

Jyothi Hospital Campus, P.O.Kuruda

Dist-Balasore-756056

Odisha-India, MobileNo:7682879730

Recent
Passport
size photo

E-mail: stsonjyothi@gmail.com

Website: www.jyothihospital.org.in

APPLICATION FORM FOR THE ADMISSION OF BSc NURSING

1. Name of the Student (In block letters)	:			
2. Father's Name	:			
3. Mother's Name	:			
4. a. Address for Communication	:			
b. Phone No. with STD code:				
Mobile No.	:			
Email ID	:			
5. a. Aadhaar No.	:			
b. Blood Group	:			
6. a. Date of Birth	:		Age	
b. Place of Birth	:			
c. State of living	:			
7. a. Religion	:			
b. Caste	:			
c. Sub caste-SC/ST/OBC	:			
8. Nationality	:			
9. Height & Weight	:	Ht in cm.....	& Weight in kg
10. CET (STATE ADMIT CARD) No	:			
11. CET (STATE)	:	Rank.....& Mark.....		

10. Academic Particulars

Exam Passed	Name & address of the school/college	Name of the Board/univ.	Reg.No.	Percentage of Marks	Year of Passing
a. SSLC					
b. PUC / HSE /+2 or Equivalent					
c. Any other Course					

11. Total Marks obtained in PCB & English: English Physics Chemistry
Biology

12. Total Marks obtained in PUC/HSE/+2 or Equivalent Examination.

Marks out of Percentage

13. Photocopies of below mentioned certificates to be enclosed:

1. SSLC/10th Marks card
2. PUC/HSE/+2 Mark card
3. Transfer Certificate / Conduct Certificate
4. Migration Certificate (only for other than Orissa state candidates)
5. Copy of Aadhaar Card
6. Copy of State entrance admit card/ Scoring Marksheet
7. Latest Passport size photograph
8. Application fee of Rs.1000/- to be paid along with the application form to the College of Nursing office between 8 am- 4pm.

DECLARATION BY THE CANDIDATE

I hereby undertake that I have filled up this form myself and to the best of my knowledge and belief the particulars given above are true.

I have read and understood the prospectus and I hereby undertake to abide by all the rules and regulations in force at present and also those which may hereafter be introduced for the administration of college and hostel.

I also undertake that so long as I am a student of this college, I will do nothing unworthy (of a student of the college) either inside or outside, anything that will interfere with its orderly working and discipline. I am aware that the management has the full authority to expel me for negligence in studies, misbehavior that will bring down the name of the Institution and my profession.

I hereby undertake that I shall pay the fees and other dues to the Institution promptly on demand.

Date:

Signature of the Applicant

Signature of the Parent/Guardian



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APPLICATION FOR HOSTEL

Name of the Course

:

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1. Name of the Student
(In block letters)

:

2. Father's Name

:

3. Mother's Name

:

4. a.Address for
Communication

:

b.Phone No. with STD code:

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Mobile No.

:

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5. Contact No of Father

:

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6. Contact No of Mother

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7. Visitors Name

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1.

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2.

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To

The Principal

St. Thomas College of Nursing

Sub: Application for accommodation in Hostel

I have applied for admission to the..... Course, intend to stay in The hostel maintained by your college. Therefore, I request you to provide me accommodation in the hostel. I have read the rules and regulations of the hostel and I agree to abide by all the conditions.

Yours faithfully

Date:

Signature of the student

I undertake that my son/daughter/ward would abide by all the conditions/regulations mentioned in the rules and regulations and other conditions of the hostel.

Date:

Signature of the Parent