



ST. THOMAS COLLEGE OF NURSING

Jyothi Hospital Campus, P.O. Kuruda

Dist-Balasore-756056

Odisha – India, Mobile No: 7682879730

Recent
Passport
size photo

E-mail : stsonjyothi@gmail.com

Website : www.jyothihospital.org.in

APPLICATION FOR ADMISSION BACHELOR OF SCIENCE IN NURSING COURSE (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. NEET Admit card No	:			
11. NEET Rank	:			

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. Attested Photocopies of Marks card to be enclosed:

1. SSLC/10th Marks card
2. PUC/HSE/+2 Marks card
3. Transfer Certificate/Conduct Certificate
4. Migration Certificate (only for other than Orissa state candidates)
5. Copy of Aadhaar Card
6. Copy of NEET admit card
7. Latest Passport size photograph
8. Application fee of Rs. 600/- 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 :

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. :

5. Contact No of Father :

6. Contact no of Mother :

7. Visitors Name : 1.
2.

To
The Principal
St.Thomas College of Nursing

Sub: Application for accommodation in Hostel

I have applied for admission to the Course. I intend to stay in the hostel maintained by your college. I therefore request you to provide me an 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**