



ST. THOMAS SCHOOL OF NURSING

Jyothi Hospital Campus, P.O. Kuruda

Dist-Balasore-756056

Odisha – India, Mobile No: 7682879730

E-mail : stsonjyothi@gmail.com

Website : www.jyothihospital.org.in

Recent
Passport
size photo

APPLICATION FOR ADMISSION GENERAL NURSING & MIDWIFERY NURSING COURSE (GNM 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. 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 PUC/HSE/+2 or Equivalent Examination.

Marks out of Percentage

12. 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 (candidates out of Orissa state)
5. Copy of Aadhaar Card
6. Latest Passport size photograph
7. Application fee of Rs. 500/- to be paid along with the application form before June 15th 2023 to the School 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