



ST. THOMAS SCHOOL OF NURSING

Jyothi Hospital Campus, P.O.Kuruda

Dist-Balasore-756056

Odisha-India, MobileNo : 7656994520

E-mail: stsonjyothi@gmail.com

Website: www.jyothihospital.org.in

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APPLICATION FORM FOR ADMISSION FOR GNM. 2026-27

1. Name of the Student (Inblock letters)	:			
2. Father's Name	:			
3. Mother's Name	:			
4. a. Address for Communication	:			
b. PhoneNo. 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. Subcaste -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. Photo copies of below mentioned Certificates to be enclosed:

1. SSLC/10th Markscard & Certificate
2. PUC/HSE/+2 Markscard
3. Transfer Certificate & Conduct Certificate
4. Migration Certificate(candidates out of Orissastate)
5. Copy of Aadhaar Card
6. Latest Passport size photograph
7. School leaving certificate.
8. Application fee of Rs.600/- to be paid along with the application form before June 10th 2026 to the School of Nursing office between 8am - 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 unbecomingly (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