

# CHRISTIAN FELLOWSHIP HOSPITAL, ODDANCHATRAM.

Dindigul district, Tamilnadu. PIN - 624 619.

Email ID : cfhcon@gmail.com Cell : 89403 51955.

APPLICATION FORM FOR ADMISSION TO B.Sc NURSING PROGRAMME 20<sup>24</sup>-20<sup>25</sup>

<b>For Official use only</b>	
Application No:	Date of issue :
Date of receipt :	

Affix your autographed Photograph here
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(Application to be filled by applicant's own handwriting)

Registration fee paid : Rs.....DD No.....Dated..... Bank :.....

(Or) Details of the online payment :

1. Name in full :  
(In Capital letters as in School Certificate)

2. Address to which communication should be sent with pin code :

3. Email Or Telephone Number :

Mobile No :

4. Date of birth :..... Place of birth.....

5. Single or married :

Languages spoken :

6. Religion : Hindu / Muslim / Christian or other :  
(If Christian, which denomination) :

7. Name of the Father / Guardian :  
Address :

Occupation :

8. Relationship to guardian :

## 9. EDUCATIONAL QUALIFICATION

Year of Passing Higher Secondary Plus 2 or equivalent examination :.....

Group	
Subjects	
Name of the School & Place Studied	
Medium of the instruction in school	
Year First Appeared for Plus 2	
Percentage of Physics, Chemistry & Biology	
Name of the Education Board	

10. Number of attempts in higher Secondary or equivalent examination (Plus Two) :

11. Name of the school/College attended last :

12. Other qualification if any

13. Have you applied for this course anywhere else? If yes, where?

14. Have you ever joined in any other institution?

15. Are you willing to work for a minimum period of 1 year in this hospital after the completion of the course?.....

16. Has anyone else from your family applied here this year? : If yes, Name :

17. Income of both your parents / guardian per month:

### DECLARATION

I declare that all the matters mentioned by me in this application form are true to the best of my knowledge and belief. I hereby agree to abide by the rules and regulations as given in the prospectus and such other rules which may be introduced from time to time. I promise to abide by the decisions that may be taken by the authorities in case I violate any of the rules and regulations.

Date :

Signature of the applicant

### DECLARATION BY PARENT / GUARDIAN

I \_\_\_\_\_ Father/Mother/Guardian of \_\_\_\_\_

declare that shall meet all her expenses of while she is undergoing training at Christian Fellowship Hospital, Oddanchatram. In case my daughter violates any of the rules and regulations of the institution, I agree to abide by the decision of the authorities.

Date :

Signature of Father / Mother / Guardian.

### Enclosures : To be sent along with filled application form

- (1) Transfer Certificate
- (2) SSLC (10<sup>th</sup> Standard)
- (3) Higher Secondary (Plus1 & Plus2) Marks Sheet
- (4) Community certificate
- (5) Birth Certificate (or) a certificate as entered in the SSLC book or 10th standard or its equivalent
- (6) Recent Physical fitness certificate from a recognized Physician
- (7) One more passport size photograph and a self-addressed stamped envelope.
- (8) In your own hand writing and in your own words in English, a statement of about 2 pages about your parents, family, social activities, religious conviction, special interests, achievements, hopes and ambitions and factors that made you to choose this course.
- (9) Two character certificates, preferably from
  - A. The head of your local religious community/ prominent person in the community
  - B. Principal of the High School or College you attended last
- (10) Demand Draft for the registration fee (Or) Details of the online payment
- (11) Income certificate of parents.
- (12) Copy of Adhaar card.
- (13) Nativity certificate
- (14) Eligibility certificate if applicable.

### SPECIAL INSTRUCTIONS

- (1. Filled applications with the enclosures must be sent to " THE REGISTRAR, CHRISTIAN FELLOWSHIP HOSPITAL, ODDANCHATRAM - 624 619, TAMIL NADU.")
2. Last date for accepting filled application is 13.06.2024 Before 5 p.m. Applications received after that date will be rejected.
3. Incomplete applications may not be considered
4. For any further correspondence, please quote application number
5. For those who have had more than one attempt in the plus two, a certificate from the Principal stating the number of attempts made by the student, must be enclosed with the application form.
6. Registration fee by Online payment to A/C No. 0489053000016416, IFSC Code : SIBL0000489 (OR) a Demand Draft for Rs. 600/- on Indian Overseas Bank or South Indian Bank or Canara Bank or State Bank of India or HDFC Bank in favour of **College of Nursing CFH** payable at Oddanchatram must be enclosed along with the filled application Form. Money order will not be accepted.
7. If this application is downloaded and filled then the cost of application Rs. 300/- should be added to the registration fee.