



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 2025

For Official use only

Application No: _____ Date of issue: _____
Date of receipt: _____

Affix your
autographed
Photograph here

(Application to be filled by applicant's own handwriting)

Registration fee paid: Rs.....DD No _____ Dated _____ Bank: _____
(Or) Details of the online payment:

- Name in full:
(In Capital letters as in School Certificate)
- Address to which communication should be sent with pin code:
- Email * (Compulsory): _____ Mobile No: _____
- Date of birth _____ Place of birth _____
- Single or married: _____ Languages spoken: _____
- Religion: Hindu / Muslim / Christian or other:
(If Christian, which denomination)
- Name of the Father / Guardian: _____ Occupation: _____
Address: _____
- Relationship to guardian:
- 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	

- Number of attempts in higher Secondary or equivalent examination (Plus Two):
- Name of the school/College attended last:
- Other qualification if any:
- Have you applied for this course anywhere else? If yes, where?
- Have you already Joined in any other institutions?
- Are you willing to work for a minimum period of 1 year in this hospital after the completion of the course? _____
- Has anyone else from your family applied here this year? If yes, Name:
- 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 the authorities may take 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 while she is training at Christian Fellowship Hospital, Oddanchatram. If 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 (10th 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 (Postal stamp for Rs.25/- for register post).
- (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) A. Character certificate from the Principal of the High School or college you attended last.
B. Certificate of religion for Christian candidates (if not already mentioned in Transfer certificate or others)
- (10) Demand Draft for the registration fee (Or) Details of the online payment
- (11) Income certificate of parents.
- (12) Copy of Aadhaar 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 **6th JUNE 2025**, before 5 p.m. Applications received after that date will be rejected.
3. Incomplete applications may not be considered
4. For any further correspondence, contact by email or Phone.
5. For those who have had more than one attempt in the plus two years, a certificate from the Principal stating the number of attempts made by the student, must be enclosed with the application form.
6. The registration fee may be sent by Online payment to **A/C No.0489053000016416, IFSC Code: SIBL0000489** (OR) a Demand Draft for **Rs.600/-** (Rupees six hundred) on Indian Overseas Bank or South Indian Bank or Canara Bank or State Bank of India or HDFC Bank in favor of "**College of Nursing Christian Fellowship Hospital**" payable at **Oddanchatram** must be enclosed along with the filled application form. Money order will not be accepted.
7. **Note:** If this application is downloaded and filled out, then the cost of application **Rs:400/-** should be added to the registration fee.
8. The fees paid is not refundable.

