



**CHRISTIAN FELLOWSHIP HOSPITAL,
COLLEGE OF NURSING, ODDANCHATRAM.
Dindigul district, Tamilnadu. PIN – 624 619**

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

APPLICATION FORM FOR ADMISSION TO B.Sc. NURSING PROGRAMME 2026

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)

- 1. Name in full:**
(In Capital letters as in School Certificate)
- 2. Address to which communication should be sent with pin code:**
- 3. Email * (Compulsory):** _____ **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:** _____ **Occupation:** _____
Address: _____
- 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. Are you a sponsored candidate? [YES/NO] (if yes, attach letter from the sponsoring body)

11. Other qualification if any:

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

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

14. 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 I 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 the filled application form

For downloaded application forms: Application fee of Rs. 1000 by Demand Draft or with details of online payment.

- Demand Draft should be drawn in favour of **College of Nursing, Christian Fellowship Hospital, Oddanchatram**
- Online payment can be done to **A/c No: 0489053000016416 IFSC Code: SIBL0000489**

1. Transfer Certificate
2. SSLC (10th Standard)
3. Higher Secondary (Plus1 & Plus2) Marks Sheet
4. Community certificate
5. Recent Physical fitness certificate from a recognized Physician
6. One passport-size photograph and a self-addressed envelope.
7. 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.
8. A. Character certificate from the Principal of the High School or college you studied last.
B. Certificate of religion for Christian candidates (Baptism or Membership certificate from church, if not already mentioned in Transfer certificate or others)

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 receiving filled application is 6th JUNE 2026, before 5 p.m. Applications received after that date will be rejected.
3. For any further enquiry, contact by Phone No: 89403 51955 Email. Id: cfhconadmission@gmail.com
4. The fees paid is not refundable.
5. Incomplete application or application with incomplete enclosures are liable to be rejected.
6. Any false information in the application will result in rejection of the application.