

Application No.....

Rank No.....

GOVERNMENT OF KERALA

DIRECTORATE OF MEDICAL EDUCATION

**APPLICATION FOR ADMISSION TO DIPLOMA IN GENERAL
NURSING AND MIDWIFERY COURSE 2019-2020**

(For SC/ST Candidates only)

(Read the Prospectus and Instructions carefully before filling the Application Form)

Certified that this Photograph is the true likeness of

.....

Signature of the Identifying Officer :
(to be signed on the photograph)

Name and address of the Identifying Officer :
with Office seal

Affix a recent
Passport size
Photograph of
the candidate

1	Name of the Applicant (In Block Letters with Initials last)	
2	Sex	Male / Female
3	Religion and Caste	
4	Date of Birth in Christian Era	In Figures: In Words:
5	Permanent Address with District and Pin code	
6	Present address to which communication are to be sent	
7	Phone / Mobile Number	
8	Details of fee remitted for application form	Amount Paid :
		Treasury Chelan No. and Date :
		Name of the Treasury :

9	Are you a native of Kerala (write YES of NO) If NO are you eligible for admission as per the Prospectus	
10	Belongs to	Scheduled Caste / Scheduled Tribe
	Specify the name if the Category	Category

Details of Qualifying Examination

Name of Examination	Register Number	Month and Year of Passing	Name of University /Board of Examination	Name of College / School where studied

Subjects	Maximum Marks	Marks Obtained
1. Physics		
2. Chemistry		
3. Biology		
4. Total for optional (1+2+3)		
5. English		
6. Grand Total		

DECLARATION

I solemnly and sincerely affirm that the statement made and information furnished in this application form are true. Should it ever be found that any information furnished is untrue in material particulars, I realize that I am liable to criminal prosecution and also agree to forgo the seat.

I have fully read the conditions for admission to Certificate Course in Nursing as contained in the Prospectus and I agree to abide by them.

Place:
Date:

Signature of Applicant