SAI COLLEGE OF NURSING

(Recognised by Govt. A.P., APNM, Hyderabad and approved by Indian Nursing Council, New Delhi and Affiliated to Dr. NTR University of Health Sciences, Vijayawada)

New Add: “DWARAKAMYI” # 80-23-23, Second Street, Jayasree Gardens, J.N.Road, Rajahmundry – 533103, Tele Fax:0883-2440555.

Old Campus : #70-7-61/1, Krishna Nagar, Near New R.T.O. Office, KAKINADA – 533 003.

**APPLICATION FOR ADMISSION INTO B.Sc. (NURSING) 4 YEARS DEGREE COURSE**

**Application Academic Year Registration No.**

Read the following Regulations carefully before filling up of the application

**N.B:**

1. Filled in application form should reach the Principal Sai College of Nursing “DWARAKAMAYI” # 80-23-23, Second Street, Jayasree Gardens, J.N.Road, Rajahmundry – 533103, Tele-Fax: 0883-2440555 East Godavari District on or before by 5.00 pm on
2. Applications unaccompanied by the required original certificates or applications with incomplete entries and ineligible applications shall stand rejected automatically. Please do not leave any column blank. Where information is Nil, write No/Nil.
3. Applications of the candidates who furnish incorrect information or enclosed false/Incorrect certificates shall stand rejected automatically and shall be legal action.
4. Candidates shall not be permitted to change their social status or local candidature etc., after the submission of application form.
5. Application shall be filled in English by the candidate in her own handwriting.
6. No enclosures will be accepted after the submission of application form.

**SUMMARY**

**(TO BE FILLED IN BY THE CANDIDATURE IN HER OWN HAND WRITING)**

**1. FULL NAME** :

(In Block Letters as in the Intermediate

Or its Eqivalent Certificate)

**PHOTO**

**2. SEX : Male Female**

|  |  |  |
| --- | --- | --- |
| **Date** | **Month** | **Year** |
|  |  |  |

**3. a) DATE OF BIRTH**

**as entered in S.S.C.**

|  |  |  |
| --- | --- | --- |
| **Years** | **Months** | **Days** |
|  |  |  |

**b) AGE AS ON 31-12- \_\_\_\_\_\_**

**4. CASTE GROUP**

**5. LOCAL / NON-LOCAL AU OU SVU NON-LOCAL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Intermediate Vocational  Nursing / MPHW (F) | | | Intermediate | | |
| Marks Obtained | Maximum Marks | Percentage | Marks Obtained | Maximum Marks | Percentage |
|  |  |  |  |  |  |

**6.a) QUALIFYING EXAMINATION**

**Total Marks (All Subjects)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Marks**  **Obtained** | **Maximum**  **Marks** | **Percentage** |  |
|  |  |  |

**Total Marks (English,Botany,**

**Zoology, Physics, Chemistry**

**Vocational Nursing Intermediate**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Class | | | Attempts | Attempts |
| 1st | 2nd | 3rd | Single  Compart-  mental | Single  Compart-  mental |

**b) Division / Class**

**Marks tick in the appropriate Space**

**in 3,4,5, 9 (b) SIGNATURE OF THE CANDIDATE**

**FOR OFFICE USE ONLY**

**Remarks**

**Checked by Incharge**

**S.C.N.**

1. Name in full (in Block Letters as entered in Intermediate : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

or its Equivalent Certificate)

2. Name of the Father / Husband / Guardian : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Occupation of the Parent / Guardian : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Annual Income of the Parent : Rs.

5. Residential Address with Complete Postal Address

with phone Number , STD Code

1) D/O. S/O. C/O.

2) Door No. 3) Road / Street

**4) Village & Post**

**5) Mandal 6) Dist. 7) Pin Code**

**8) STD 9) Phone 10) Mobile**

**6. Office / Business address of the Parent**

**with STD Code and Phone Number / Mobile**

1) D/O. S/O. C/O.

2) Door No. 3) Road / Street

**4) Village & Post**

**5) Mandal 6) Dist. 7) Pin Code**

**8) STD 9) Phone 10) Mobile**

**7. Place of Birth :**

**8. Mother Tongue :**

**9. a) Nationality & Religion :**

**b) Native District & State :**

**10. Educational Qualifications :**

**Particulars of Qualifying Examination :**

**i) Name of the Qualifying Examination : Monthly Year**

**ii) Indicate the Month & Year of first**

**appearance of the Qualifying Examination : Monthly Year**

**iii) Month & Year of passing the**

**Qualifying Examination**

Regd.No. / Hall Ticket No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**iv) Marks obtained in Intermediate or its equivalent Examination**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject** | | **Max. Marks** | | **Marks Obtained** | | **%Upto two decimal points** | |
| **Vocational** | **Bi.P.C** | **Vocational** | **Bi.P.C** | **Vocational** | **Bi.P.C** | **Vocational** | **Bi.P.C** |
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|  |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |

**b) Particulars of previous Nursing experience in :**

**Mid–wifery or General Nursing, or MPHW, if any**

**c) PARTICULARS OF STUDY** Furnish the following details of four/seven consecutive Academic Years ending with the month and year mentioned in column (a) above. (Study, Bonafide Certificate from the Heads of Institutions should be enclosed as proof) :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl.No. | Academic Year | Class in which studied during the year (if not studied in any year, state so and specify the reason in the remarks column) | Name & Place of the Institution in which studied and the district / state in which institution is situated | Remarks |
| 1. |  | VI CLASS |  |  |
| 2. |  | VII CLASS |  |  |
| 3. |  | VIII CLASS |  |  |
| 4. |  | IX CLASS |  |  |
| 5. |  | X CLASS |  |  |
| 6. |  | INTERMEDIATE. JR. |  |  |
| 7. |  | INTERMEDIATE. SR. |  |  |

**NOTE** In reckoning consecutive Academic Years of study, and period of interruption of study by reason of her failure to pass any examination other than the Qualifying Examination as entered in Column (a) shall be disregarded. In such cases information of the earlier Academic Years should also be furnished till information for four/seven Academic Years is furnished.

d) If, during the four/seven consecutive Academic years mentioned in column (c) above, you did not study during the whole or any part of the four/seven consecutive Academic Years in any educational institution, furnish the particulars of your residence as shown below for the four/seven years period immediately preceding the month and the year mentioned (a) A certificate from a Revenue Officer not below the rank of a Mandal Revenue Officer certifying your residence for the above period should be enclosed.

|  |  |  |  |
| --- | --- | --- | --- |
| Sl.  No. | Period during which  resided | Village / Town / Mandal / District in which resided | Remarks |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |

11. Name & Address of Two persons : 1

other than the relatives for reference

If the Candidate has been previously 2

employed, one of these should be

from the last employer

12. Address and occupation of the candidates : 1

Relatives (State relationship with her) 2

13. Whether the Candidate belongs to Backward

Class/Schedule Caste/Schedule Tribe/OC SC ST BC OC

declared by the Govt. of A.P. as such if so

please specify the category. A B C D A B C D

Caste/Tribe \_\_\_\_\_\_\_\_\_\_ Sl.No. \_\_\_\_\_\_\_

14. Specify the Local area (University) candidate

belongs to Local or Non Local and furnish the

certificate about local candidature in the

prescribed from appended in Annexure-II AU OU SVU NON-LOCAL

15. Any other particulars the candidate desires

to furnish

**DECLARATION**

I hereby solemnly and sincerely affirm that the statement made and information furnished by me in the application form and also in all the enclosures thereto submitted by me are true and correct. I have not kept any information secret. Should it however be found that any information furnished therein is fraudulent, incorrect or untrue in material particulars, I realize that my selection or admission to the course in liable to be cancelled and I am liable to be criminal prosecution. Further, I also agree to forego my seat in the college unconditionally.

I shall abide myself by the decision of the Selection Committee which shall be final and binding on me.

SIGNATURE OF THE APPLICANT

I have fully read the information furnished by my daughter/ward and affirm that it is true and if it is proved that the information is fraudulent, I am liable to criminal prosecution.

SIGNATURE OF PARENT / GUARDIAN

Note: No Application will be deemed to be complete unless this declaration is signed by the candidate and the Parent/Guardian (if father is not alive)

**DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION FORM**

1. S.S.C. or any of its Equivalent Examination showing identity of the date of birth of the Candidate.
2. Statement of marks obtained in the qualifying examination.
3. Study / Bonafide certificates from 6th class to Intermediate
4. Seven years residence certificate issued by the M.R.O.
5. Caste Certificate in the case of candidates belonging to SC / ST / BC or Permanent Caste Certificate.
6. Conduct certificate from the Head of the Institution in which the Candidate last studied.
7. Transfer Certificate from the Institution in which the Candidate last studied.
8. Service certificate issued by the competent authority. (in case of service Candidate)
9. Physical fitness certificates issued by not below the rank of Civil Surgeon / Asst. Civil Surgeon from Govt. Hospital.
10. Six Photographs of the candidate.
11. Parent / Guardian Photographs
12. One set of Xerox Copies of all above certificates.