



# VINAYAGA NURSING COLLEGE

(Affiliated to the Tamilnadu Dr.M.G.R Medical University, Chennai)

P. Box: 1851, Vinayaga Nagar, Karuppur, Keelapaluvur (Po), Ariyalur District,  
Tamilnadu - 621 707. Ph: 04329-247482, 247400 Fax: 04329-247410

## APPLICATION FOR 2 YEARS -DNA- NURSING COURSE (REGULAR)

Application No: 201 -201

Affix recently  
taken passport  
size  
photograph

1. Name of the applicant :
2. Date of birth :
3. Age : Yrs
4. Sex : Female   
Male

5. Community :

OC	BC	MBC	DNC	SC	ST
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6. Nationality  Religion  caste

7. Father's name :

Mother' name :

8. Mother tongue :

9. Address of the applicant : \_\_\_\_\_

(With the name of father / guardian) \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

10. Month & Year of passing X Std :

11. Month & Year of passing XII Std :

12. Qualification

Examination passed	Major / Optional	% of marks	Month & Year of passing	Name of the Board/ University
X/SSLC/ MATRIC				
XII/ HSC				
UG if any				
Others				

13. Are you a widow : Yes/ No

14. Is your father an Ex- Service man : Yes/ No

15. Are you Differently abled : Yes/ No

If yes, Percentage of disability : Hearing/ visibility/ other disabilities `

(Put ✓ )

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# DECLARATION

I do hereby declare that the information given above are true to the best of my knowledge and belief. I understand that if any of the information is found to be incorrect my application will be rejected and the admission is liable to be cancelled.

Signature of the Parent/ Guardian

signature of the applicant

Place:

Date:

## For Office Use

Reg no ..... Percentage of marks in X .....XII .....

Community .....

Verified ..... Course Director .....

Principal