

VINAYAGA NURSING COLLEGE

**APPLICATION FOR ADMISSION TO DIPLOMA IN OPHTHALMIC NURSING
ASSISTANT COURSE- 2 YEARS**

Application No:

Please affix
passport size
colour
photograph

1. Name (As per School Record) :
2. Sex :
3. Date of Birth & Age :
4. Marital Status :
5. Caste & Community :
6. Religion & Nationality :
7. Father's Name :
8. Address of the Parents

PERMANENT ADDRESS	PRESENT ADDRESS
Telephone No. With Code	Telephone No. With Code

9. Academic Record

Level	Subjects	Total marks &%	Medium of instruction	Name of the institution and address

10. Extra Curricular Activities, Hobbies

(Sports, Literary, Cultural, Ect.)

11. Languages Known:

Languages	Speak	Read	Write
Mother tongue			

12. Reason for Choosing the Course

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 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 XXII

Community

Verified Course Director

Principal