



**VIJAYA SCHOOL OF NURSING**  
(Unit of Vijaya Medical & Educational Trust, Chennai.)  
New No. 323, Old No. 175, Vijaya Health Center,  
N. S. K. Salai, Vadapalani, Chennai - 600 026.  
Ph: 044-2365 1435, Email: vijayansg2013@gmail.com

Application No:

**Diploma in General Nursing & Midwives - Admissions**

---

**Name of the Applicant** : -----

**Date of Birth**  
(Age as on 31<sup>st</sup> December) : -----

**Religion & Nationality** : -----

**Community / Sub Caste** : **ST / SC / MBC / BC / OC**

**Sub Caste** :

**Mother Tongue** : -----

**Permanent Address** : -----

-----

-----

**District:**                      **Pincode:**

**Address for Communication** : -----

-----

**District:**                      **Pincode:**

**Contact Number** : **Res**----- **Mobile**-----

**Students Email ID** : -----

Attach recent  
Passport Size  
Photograph

## Parents Profile

Parent	Name	Education	Occupation	Annual Income	Mobile Number
Father					
Mother					

### Educational Qualification:

**(a)Name of the examinations passed with main subjects :**

**(b)Register Number, month and Year of Passing :**

**(c)Name of the School Studied & Place :**

**(d)Name of the Board of Examination & Place :**

Subject	English	Tamil	Physics	Chemistry	Biology	Maths	Others	Total
Maximum Marks								
Marks Obtained								

### **DECLARATION BY THE PARENT/GUARDIAN**

**I declare that I have carefully read the fee schedule and that I will abide by the same without any objection at a later date.**

**I further undertake to abide by the orders issued by the Management from time to time concerning college activities and ensure that my daughter attends college in proper uniform, that she maintains punctuality; regular attendance and discipline throughout the period of her study in this college. In case of violation of any of the college rules, I shall strictly abide by the decision of the college authorities to either suspend or expel my daughter.**

**I further declare that I have not paid any donation/capitation fee or extended any obligation to any one of the Management/Staff/Middlemen for the admission.**

**Station :**

**Signature of the Parent/ Guardian**

**Date :**

## DECLARATION OF THE CANDIDATE

I declare that the information made by me in this form are true to the best of my knowledge. I am aware that providing incorrect information form can result in the cancellation of my admission at any stage. I agree to abide the rules and regulations of the Institution as framed from time to time.

Place :

Date :

Signature of the Candidate

### Notes:

The Xerox copy of the following certificates should be submitted along with the application form.

- H.Sc/Equivalent Mark statement.
- 10<sup>th</sup> Certificate.
- Transfer Certificate.
- Community Certificate for all the categories.
- Income Certificate.
- Proof for Date of Birth (in case if it is not available in TC / Marks statement)
- Physical Fitness compulsory while admission.
- Aadhar Card
- Photo-Passport Size(6) & Stamp Size(3)

### INSTRUCTIONS:

- Application Cost Rs. 250/-
- Please read the prospectus carefully before filling the application.
- The application form should be filled in block letters by the candidate's own handwriting using blue/black pen.
- If any candidate discontinuing the course, fees will not be refunded under any circumstances.
- Incomplete application forms will be rejected.
- Completed application form submitted to: The Principal, Vijaya School of Nursing, New No. 323, Old No. 175, Vijaya Health Center, N.S.K. Salai, Vadapalani, Chennai - 600 026. On / Before