



VEE CARE COLLEGE OF NURSING & HEALTH SCIENCE

(Affiliated to TN Dr M.G.R Medical University)

Recognized by TN Nurses & Midwives council, Indian Nursing Council New Delhi)

1/5, Chettiar Agaram Road, Sivaboodham Village, Vanagaram,

Chennai - 600 095. Phone : 78450 87321

Affix a Passport
Size Photo

APPLICATION FORM

- | | |
|--|--|
| <input type="checkbox"/> B.Sc Nursing | <input type="checkbox"/> P.B.B.Sc Nursing |
| <input type="checkbox"/> B.Sc Accident and Emergency Care Technology | <input type="checkbox"/> B.Sc OT and Anesthesia Technology |
| <input type="checkbox"/> B.Sc Dialysis Technology | <input type="checkbox"/> B.Sc Physician Assistant |

APPLICATION NO:

REGISTRATION No:

1. Name :
(As per +2 Mark sheet in Block Letter)
2. Sex :
3. Age & D.O.B :
4. Marital Status :
5. Community :
(OC/BC/MBC/SC/ST/OTHERS)
6. Religion :
7. Nationality :
8. Father's Name :
9. Mother's Name :
10. Father's Occupation :
11. Annual Income of the :
Parents / Guardian
12. Address of the Parents / Guardian :

Permanent Address	Present Address
Telephone No: Mobile No:	Telephone No: Mobile No:
E-mail ID : Whatsapp Mobile No:	

13. Educational Details :

Levels	Board	Subjects	Year of Passing	% of Mark & Class	Name of the Institution
High School (10th)					
HSC (+2)					
DGNM					
Any Other					

14. Languages Known :

Language	Speak	Read	Write

15. Name of Local Guardian :

16. Educational Qualification :

17. Relationship :

18. Address :

RESIDENCE	OFFICE
<p>Telephone No:</p> <p>Mobile No:</p>	<p>Telephone No:</p> <p>Mobile No:</p>
<p>E-mail ID :</p> <p>Whatsapp Mobile No:</p>	

19. Family Details

Family Members	Age	Educational Qualification	Occupation	Monthly Income	Address

20. Conduct Certificate:

21. Give the Name & Address of a person or School Head / College Principal /Any person of good standing other than relatives who certifies the conduct and character

Name	Occupation	Address

22. Reason for Choosing this College:

23. Undertaking

I hereby Declare, that the above particulars are true and correct to the best of my knowledge. And I have read the prospectus and fully understand that in the event violation of any of the rules and regulations, I am liable to immediate dismissal from the college. Further, I consent to undergo the course for its full duration (4 Years). If I voluntarily withdraw myself from the college, i Know that the fees already paid will not be refunded and i need to pay the full fees for the entire program. I undertake that I will not cause disrespect or loss of reputation by indulging in malpractice or immoral or illegal act, which accounts to indiscipline and warrants dismissal from the college.

Signature of the Parent / Guardian

Signature of the Student

Date:

Place:

Certificates to be enclosed : (as appropriate)

Photo Copies of (without attestation)

1. Educational qualification

10th :

12th :

DGNM Certificate :

RN & RM :

2. Birth Certificate :

3. Community Certificate :

4. First Graduate Certificate :

5. Income Certificate - Recent :

6. 8 Passport size & 4 Stamp size Photographs :

7. Transfer certificate :

8. Physical Fitness Certificate with Blood Group :

9. Address proof (Ration card, Voter ID, Aadhar card, Medical Insurance)

10. Migration Certificate and eligibility Certificate in original
(Only for candidates from other State Board)

Completed Application shall be sent to

The Principal,
Vee Care College of Nursing
1/5, Chettiar Agaram Road,
Sivabootham Village,
Vanagaram, Chennai - 600 095
Phone No: 78450 87321
E-Mail: veecarecollegeofnursing@gmail.com

On or before.....

- College will not be responsible for any delay in receiving the application form.
- **Ragging is strictly prohibited in the Academic and Hostel Campus.**
- The eligible SC/ST OBC, PwD students should submit their scholarship form for the academic year by February for processing scholarship to SC/ST, OBC, PwD students each year.