

MOTHER VANNINI COLLEGE OF NURSING

Kadakatla, Tadepalligudem – 534101. W.G.Dt., A.P.

Ph:08818 – 244064

(Affiliated to Dr.N.T.R. University of Health Science, Vijayawada)

(Recognized by A.P.N.M.C. 3795/2001 & I.N.C F.N.29/2000)

**APPLICATION FOR ADMISSION OF POST BASIC BACHELOR OF SCIENCE
IN NURSING (Post Basic B.Sc Nursing)**

APPLICATION NUMBER

1. Name in Full (in block letters):... ..

..... (as per GNM record)

2. Father's Name :.....

3. Date of Birth :

4. Age :

5. Place & state of Birth :.....

6. Religion :

7. Mother Tongue :.....

8. Name, Profession & Annual :.....

Income of guardian and his/her :.....

Relationship, Address :.....

9. Permanent Address :.....

10. Present Address & Mobile No of the student :

11. Mobiles Numbers of the parents :.....

12.If SC/ST/BC give particular :.....

13.FOR RELIGIOUS SISTERS ONLY:

I) Full name and Address of the Order / Congregation :.....

.....

14. EDUCATIONAL QUALIFICATIONS:

[illegible]

15. Type of Service: ☐ Private ☐ Government
Length of Service : _____ Date of Joining_____

Read	Write	Speak
a).....
b).....
c).....
d).....

16. Are you related to any staff of student of Mother Vannini Hospital.Kadakatla Tadepalligudem,If so,please give the name and relationship.

1.
.....

2.
.....

17. Reference:

DECLARATION OF THE CANDIDATE

I hereby state that I have completed this form myself and all the information given in this application form is true to the best of my knowledge. I have read and understood the prospectus and give an undertaking to abide by all the rules and regulations of the institution I also agree to follow the discipline of the college and promise not to indulge in any form of the discipline considered as such by the institution.

Dated:Signature of Candidate

Signature of Parent/Guardian :Relationship :Name & Address :

IMPORTANT INSTRUCTIONS

1. The application should be filled up in block letters in your own handwriting.

2. The application should be enclosed with the following attested copies of documents (Do not enclose originals) :

a) Copy of S.S.C.&P.U.C.or its Equivalent Certificate

b) Copies of I,II,& III GNM Marklist

c) Copy of Transfer certificate & Migration Certificate.

d) Copies of Registration Certificate.

e) Copies of Diploma Certificate

f) Character Certificate from the Head of the Institution and parish priest.

g) 2 recent passport size photographs.

h) Medical fitness Certificate form a Registered Medical Practitioner.

i) Copy of Certificate is SC/ST/Backward Class.

j) Self-addressed stamped envelopes (2) (Rs.5/- Postal Stamp)

k) Covering letter in the Candidate’s own handwriting.

l) Community Certificate in English
3. Incomplete Applications and Applications without attested copies mentioned above will not be considered.

4. Last date of submission: