Application No.: | | | | | | | |

MMM COLLEGE OF NURSING
Learn to Serve

MMM COLLEGE OF NURSING

(A unit of The Madras Medical Mission)
No.131,Sakthi Nagar, Nolambur, Mogappair West,
Chennai-600 095. Phone No. 044-26535001 / 02 / 03

Registered Office :
THE MADRAS MEDICAL MISSION
No.4A, Dr. J.J. Nagar, Mogappair, Chennai-600037
Phone : 044-26565961, 26565991, 26561801

Application for Admission to Basic B.Sc., (N) Degree Course (4 years)

Affix Photo
(Passport Size)
Self attestation
to be done

Write in Block Letters. Use only Blue Ball Point Pen. To be filled in by the candidate only. DO NOT USE PHOTOCOPY OF THIS FORM.

Please read the instructions before filling the application form. Completed forms with copies of certificates duly attested to be attached along with the application and forwarded to **The Principal, MMM COLLEGE OF NURSING, No. 131, Sakthi Nagar, Nolambur, Mugappair West, Chennai - 6000 095, Tamil Nadu.**

Name :
(As per school records)

Expansion of initials:

Age in years and Date of Birth :

Place of Birth:

Native Place:

Community : SC/ST/MBC/BC/Others. Specify:

Religion: Nationality :

Identification Marks : 1. _____

2. _____

Father's Name :

Mother's Name :

Income of the Parents : / Annum

Permanent Address of the candidate : .....

.....

.....Telephone No & Mobile No.: .....

Present Address of the candidate : .....

.....

.....Telephone No & Mobile No.: .....

Academic Qualification :

Levels of Examination	Name of the Institution and address	Medium of instruction	Subjects (Major)	Year of Passing	% of mark	Class
Std X						
Std XII						

Extra Curricular Activities/ Hobbies / Sports / Literary / Cultural / Special intrests if any please specify

.....

.....

Details of Languages Known

Languages	Speak	Read	Write

Family Details :

Sl. No.	Family Members	Relationship with Applicant	Age	Educational Qualification	Occupation	Monthly Income

Local Guardian Name :

Educational Qualification :

Relationship:

Address of Local Guardian

Residence : .....

.....

.....Telephone No & Mobile No.:.....

Office : .....

.....

.....Telephone No & Mobile No.:.....

Reference Details:

Give name and address of School Head / College Principal / Any person of good standing other than relatives who certified the conduct and character.

Sl. No.	Name & Address of the Organisation	Occupation	Address	Phone Number
1				
2				
3				

Reason for choosing Nursing as your Career. *(Brief Description)*

.....

.....

.....

.....

.....

.....

.....

.....

UNDERTAKING :

I ..... hereby declare, that the above particulars are true and correct to the best of my knowledge. I have read the prospectus and fully understand that in the event of 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. I agree to pay the full course fee in case of discontinuation of course. I undertake that I will not cause disrespect or loss of reputation by indulging in malpractice or immoral or illegal acts, which amounts to indiscipline and warrants dismissal from the college.

Signature of Applicant

Write the Name
and Sign with date

Name of the Parents: ..... (Father)

.....(Mother)

Signature of Parents ---------- ----------

(Father) (Mother)

Date :

Place :

Certificate to be enclosed :

(Xerox Copies dully attested by a Gazetted Officer)

		Certificate No. & Date
1. SSLC Mark Sheet		
2. HSC Mark Sheet		
3. Transfer Certificate		
4. Conduct Certificate		
5. Community Certificate		
6. Migration Certificate		
7. Eligibility Certificate (other than HSC Tamil Nadu)		
8. Passport Size Photographs (5 Nos.)		
9. Proof of Residence (Nativity Certificate)		
10. Physical Fitness Certificate		
11. Proof of Photo Identity (Adhar Card/ Voters ID)		
12. Income Certificate		
13. Government Allotment Order		

APPLICATION FOR ADMISSION TO THE HOSTEL

Name of the Student :

Date of Admission in the college :

Roll No. :

Age in Years & Date of Birth :

Community :

Religion :

Name of the Father :

Occupation :

Name of the Mother :

Occupation :

Permanent Address :

Phone No. :

Local Guardians Address (if any) :

Phone No. :

List of permitted visitors allowed by parent's to visit the student

Sl. No	Name of the Visitor	Age	Relationship with the student
1			
2.			
3.			
4.			

Choice of Food :☐ Veg. ☐ Non Veg.

I am in receipt of the rules and regulations of the hostel and I undertake to abide by the rules of the hostel.

Signature of the Candidate

Signature of the Father / Guardian

FOR OFFICE USE ONLY

Date of Payment of Hostel Fees :

Receipt Number :

Allotted Room No. :

M/s……..... daughter of …….....….. is admitted in the hostel from Forenoon / Afternoon (at …… Hr.) in Razario Vault Paradise Hostel.

Signature of the Hostel in charge
(Faculty)

Signature of the Warden

Signature of the Principal

Details of Visitors

Name of the Student :

Year : Roll No. :

Photo of Father

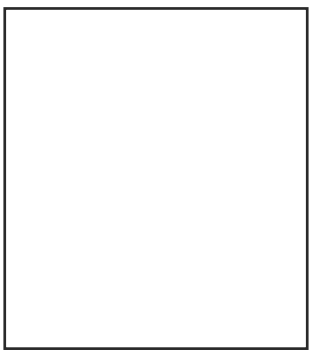
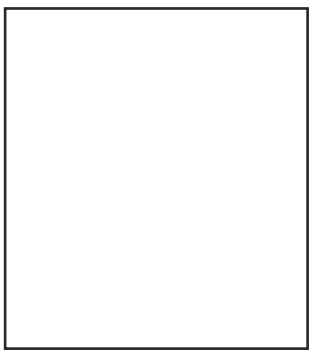
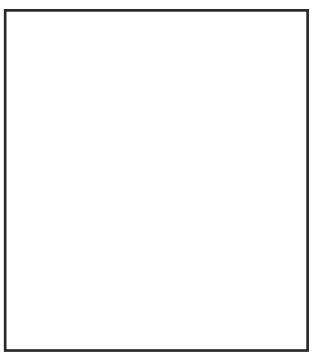


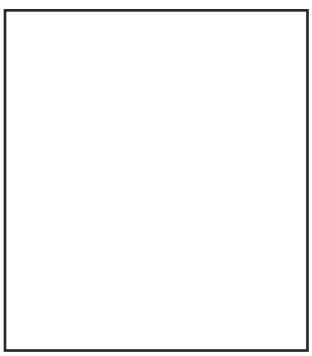
Photo of Mother



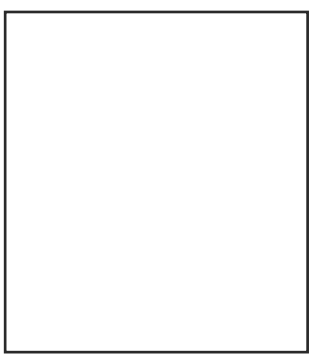
I …….....…….. F / o……...…....…….....…….. authorize the following persons to visit my daughter in the hostel during her studentship as per the rules of the hostel.

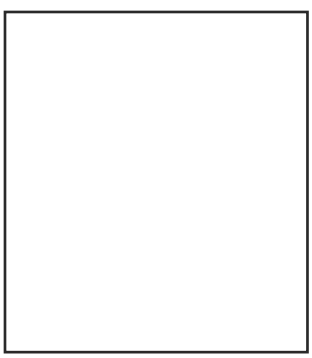
Visitor's Name & Photo





....





....

Signature of Father

Signature of Mother

MEDICAL FITNESS CERTIFICATE

(To be certified by a registered Medical Practioner)

Name : Age :

Sex : Blood Group :

(A) Family History of any chronic illness :

(B) Whether the candidate has suffered from any of the following diseases :

a. Tuberculosis : Yes / No

b. Rheumatic fever : Yes / No

c. Cardiac disease : Yes / No

d. Rheumatism : Yes / No

e. Varicose vein : Yes / No

f. Mental or nervous disorders : Yes / No

g. Any infectious disease : Yes / No, If Yes please specify

h. Congenital defect : Yes / No , If Yes please specify

(C) Whether the candidate has undergone any operations : Yes / No, If Yes please specify

(D) Whether the candidate has any previous history of Hospitalisation for medical ailments? Yes / No, If Yes please specify

(E) General Examination :

Height :

Weight :

B.P :

H.b :

Vision :

Hearing :

Teeth :

Heart :

Lungs :

Skin :

Urine : Routine And Microscopic Examination :

Stool : Routine And Microscopic Examination :

Menstrual Flow : ..... days/ once in .....days (Cycle)

Regularity : Regular / Irregular

Vaccination Done and the date (Enclose certificate)

Hepatitis B :
Anti Typhoid :

Remarks

Place

Name :

Date :

Signature and Qualification
of Medical Practitioner
with Seal.

Reg No.

Address :