

MMM CON

Academic year: 20----/ 20----



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 Post Basic B.Sc., (N) Degree Course (2 years)

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, Mogappair West, Chennai - 6000 095, Tamil Nadu.**

Affix Photo
(Passport Size)
Self attestation
to be done

1. Name :

(As per school records)

2. Expansion of initials:

3. Age in years and Date of Birth :

4. Place of Birth:

5. Native Place:

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

7. Religion: Nationality :

8. Identification Marks : 1. _____
2. _____

9. Father's Name :

10. Mother's Name :

11. Income of the Parents/ Spouse : / Annum
(if applicable)

12. Permanent Address of the candidate :
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.....
.....Telephone No & Mobile No.:
.....

13. Present Address of the candidate :

.....

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

.....

14. Academic & Professional Qualification :

Levels of Examination	Name of the Institution and Address	Medium of instruction	Subjects (Major)	Year of Passing	% of Marks	Class
Std X						
Std XII						
Diplomo in Nursing						

15. Professional Experience:

Sl. No.	Name & Address of the Organisation	Position	No. of years	No. of Days	Reference Name&Tel. No.
1					
2					
3					

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

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

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18. Details of Languages Known

Languages	Speak	Read	Write

19. Family Details :

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

20. Local Guardian's Name :

Educational Qualification :

Relationship:

21. Address of Local Guardian

Residence :

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

Office :

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

22. 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

Name of the Parents/ : (Father)
 Spouse(Mother)
(Spouse)
 (if applicable)

Write the Name and Sign with date

Signature of Parents / Spouse -----
 (Father) (Mother) (Spouse)
 (if applicable)

Date :

Place :

Certificates to be enclosed :

(Xerox Copies to be dully attested by a Gazetted Officer)

	Yes/No	Certificate No. & Date
1. SSLC Mark Sheet	<input type="text"/>	<input type="text"/>
2. HSC Mark Sheet	<input type="text"/>	<input type="text"/>
3. GNM Certificate	<input type="text"/>	<input type="text"/>
4. Experience Certificate (if any)	<input type="text"/>	<input type="text"/>
5. RN & RM (Place of Study)	<input type="text"/>	<input type="text"/>
6. RN & RM (TN)	<input type="text"/>	<input type="text"/>
7. Transfer Certificate	<input type="text"/>	<input type="text"/>
8. Conduct Certificate	<input type="text"/>	<input type="text"/>
9. Community Certificate	<input type="text"/>	<input type="text"/>
10. Migration Certificate	<input type="text"/>	<input type="text"/>
11. Eligibility Certificate (Other than HSC Tamil Nadu)	<input type="text"/>	<input type="text"/>
12. 5 Passport Size Photographs	<input type="text"/>	<input type="text"/>
13. Proof of Residence (Ration Card/Passport/ Nativity Certificate)	<input type="text"/>	<input type="text"/>
14. Physical Fitness Certificate	<input type="text"/>	<input type="text"/>

MEDICAL FITNESS CERTIFICATE

(To be certified by a registered Medical Practitioner)

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 indays(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 :