

Application No.

WESTFORT COLLEGE OF NURSING
WESTFORT ACADEMY FOR HIGHER EDUCATION (WAHE)
(A UNIT OF WESTFORT HOSPITAL GROUP)

PB No: 16, M.G. Kavu, Pottore, Thrissur – 680 581

Ph:0487-2204343,2206443,2206444,Fax:0487-2206445

**(Recognized by Indian Nursing Council, Approved by Kerala Nurses and Midwives' Council
and affiliated to Kerala University of Health & Allied Sciences)**

Application for B.Sc. Nursing Course
Academic Year 20--- 20---

Photograph
(to be
attested by
a Gazetted
Officer)

1. Name of the Candidate :
(in Block letters)
2. Date of Birth & Age :
3. Sex : Female / Male
4. Permanent address & Telephone No :
(With STD Code)

5. Address for Communication & :
Telephone No. (with STD Code)

6. Caste & Religion :
(encircle the category you belong to) SC/ST/OBC/OEC/Others
7. Place of Birth (State & District) :
8. Nationality :
9. Name of the father/Guardian : Occupation:
10. Name of the Mother : Occupation:
11. Seat applied :
Management Merit

12. Details of qualifying Examination : (Attach relevant Documents)

12.1 **General : HSE/VHSE**

School / College	
Board / University	
Reg. No. / Month / Year	

12.2 No. of appearance in qualifying Examination:

12.3 **Marks secured in HSE/VHSE Examination**

Marks secured in HSE/VHSE examination	Grand Total	Physics	Chemistry	Biology	Science Subjects Total	Grade
Total	600	100	100	100	300	
Marks Secured						
%						

13. Particulars of other qualifications, if any :

14. Extracurricular activities :

Declaration

(i) **By the Applicant**

I (Name) hereby declare that I have carefully gone through the the Prospectus solemnly and sincerely affirm that all statements made in the application are true and complete, and correct to the best of my knowledge and belief. I also agree to abide by the rules and regulations governing the course.

I further declare that I have no physical or mental disabilities that may disqualify me for admission.

Place :

Signature:

Date :

Name :

(ii) **By the Parent / Guardian**

I (Name) have fully read the prospectus and declare that information furnished by the applicant and affirm that the same are true, complete and correct to the best of my knowledge.

I also undertake that in the event if the above applicant being admitted to the course, will pay regularly all the tuition fees, hostel fees and all other dues till the completion of the course.

Place :

Signature:

Date :

Name :

Note:

1. Application form should be filled in by the candidate in his/her own handwriting.
2. True copies of certificate/documents in support of column numbers 2, 6, 12, 13 &14 should be attached along with the filled in application.
3. Original certificates must be produced at the time of interview.
4. Duly filled in application should be sent to The Principal, Westfort College of Nursing, WAHE, PB No.16, M.G.Kavu, Pottore, Thrissur – 680 581 on or before the last date of receipt of application.
5. Incomplete application will not be accepted.

Details of enclosure:

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

For Office Use Only

Date of Receipt of application	:	Fulfills Eligibility Criteria	:	Yes/ No
Date of interview	:	<u>Admitted</u>	:	
Date of Admission	:	Not admitted for the reasons	:	
Admission No.	:	Details of fees payment	:	
Reservation Category (if eligible)	:		:	

Principal