



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

( Approved by Indian Nursing Council & Kerala Nurses and Midwives Council )

**No:**

Tel. : 0487 - 2382130/2204343  
Fax : 0487 - 2206445  
E - mail : wahe thrissur @ gmail.com

School of Nursing (WAHE)  
Pottore, Thrissur - 680 581

**APPLICATION FORM FOR ADMISSION TO THE GENERAL NURSING AND MIDWIFERY (G.N.M)**  
3 1/2 Years Diploma Course for the Year 20...

1 Name and present postal address

(in block letters )

with Telephone No.

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2 Name and permanent postal address

(in block letters )

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3 Age and Date of birth ( in Christian Era)

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4 Caste and Religion

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5 Whether Single / Widowed / Legally Divorced

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6 Height and Weight

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7 Educational Qualifications

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8 Number of appearance in Pre - degree / Plus 2

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9 Marks for Pre-degree, Percentage

Class / Rank ( if any for Pre - degree Examination)

a) Physics .....

b) Chemistry .....

c) Biology .....

d) Other subjects .....

**Total Marks** .....

Name and address of the Guardian

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

a). Relationship of the applicant to the Guardian

\_\_\_\_\_  
\_\_\_\_\_

b). Occupation of the Guardian

\_\_\_\_\_

c). Income of the Guardian

\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION BY THE APPLICANT**

I (Name ).....here by declare that I have carefully gone through the prospectus received along with the application and I promise to abide the rules and regulations of the institution. I further declare that I have no physical or mental disabilities that disqualify me for admission and that the statements made by me in this application and the documents produced in support there of , are true to the best of my knowledge and belief.

Station :

Signature

Date:

Name

**DECLARATION OF THE GUARDIAN**

I (Name ) .....have carefully gone through the prospectus and I under take in the event of the above applicant being admitted, to pay regularly all the hostel and dues till the completion of the course which she / he will be called upon

Station:

Signature

Date:

Name

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**NOTE:**

The original copy of the application form should be addressed to the Principal , School of Nursing, Westfort Academy for Higher Education, Pottore, Thrissur - 680 581 , and the duplicate should be sent to the Registrar,Kerala Nurses and Midwives Council,Red Cross Road,Thiruvananthapuram -35 under certificate of posting, both the applications should be accompanied by the attested true copies of certificates.

True copies of certificate / documents in support of item numbers 3,7 and 9 should be attached along with the application

Original Certificates should not be forwarded along with the application form

Original Certificates should be produced at the time of interview.

Due to any reason if the original certificates are not produced at the time of interview, then you may not be selected for this course.

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**FOR OFFICE USE ONLY**

Eligible for admission

Admitted

Not eligible for admission

Not Admitted

for the reasons .....

Fees payment details .....

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**Principal**