

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 Post Basic 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)

- Mob: Fax:
- E-mail:

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

6. Caste & Religion : SC/ST/OBC/OEC/Others
(encircle the category you belong to)
7. Place of Birth (State & District) :
8. Nationality :
9. Marital Status : Single / Married
10. If married, Name of the Spouse : Occupation:

11. Name of the father/Guardian : Occupation:

12. Name of the Mother : Occupation:

13. Seat applied :

Management

Merit

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

14.1 **General** : PDC/HSE/VHSE

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

14.2 **Marks secured in PDC/HSE/VHSE Examination**

Subject	Max. Marks	Marks awarded	Percentage
Physics			
Chemistry			
Biology			
Total			

14.3 **Professional** : General Nursing & Midwifery (GNM)

School / Address	
Board	
Period of Study	
State Nursing Council Reg. No	
Date of Registration with State Nursing Council	
Kerala Nurses' and Midwives' Council Reg. No.	
Date of Registration with Kerala Nurses and Midwives' Council	

14.4 **Marks secured in GNM**

I year	II year	III year	Grand Total (1200)	%	Merit/Grade

15. Particulars of other qualification, if any :

16. Membership in Professional Organization :

17. Extracurricular activities :

18. Professional experience (Chronological order):

Name of the Employer	Address	Designation	Period of service dates (specify From To)	Reason for leaving

Declaration

(i) By the Applicant

I (Name) hereby solemnly and sincerely affirm that all statements made in the application are true, complete, and correct to the best of my knowledge and belief and that I 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.

Signature of applicant

Place :

Signature:

Date :

Name :

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

I (Name) have fully read the information furnished by my son/daughter/ward /spouse and affirm that the same is true, complete and correct to the best of my knowledge.

I also undertake that in the event of 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 15 & 18 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>	:	
		Not admitted for the reasons		
Date of Admission	:			
Admission No.	:	Details of fees payment	:	
Reservation Category (if eligible)	:			

Principal

