



Form No.

RAJAGIRI HOSPITAL

Chunangamvely, Aluva-683112

Ph. No. 0484 – 29 05 000 / 7184003, E-mail: academic.coord@rajagirihospital.com

(To be filled in the applicant's own handwriting)

Application for admission to Infection Control Nurse (ICN) Certification Course

1. Name in full
(Block Letters)

Please attach
recent Passport
size Photograph
(Self Attested)

2. Address for communication

Pin Code :																			
E-mail ID :																			

3. Date of Birth (DDMMYYYY)

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4. Gender : Male () Female ()

5. Religion (Mention Community)

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6. Name of parish if the candidate is a
Christian

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7. Telephone No. Candidate

Mob:	Res :
Mob:	Res :

Parent/ Guardian

8. Name, Address & Occupation
of Father or Guardian

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9. Annual family income

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10. Educational Qualifications of the
candidate

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11. Blood Group

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12. Nationality

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13. Educational Details

Marks secured in 10th Std / SSLC examination

Name of the School and Board						
Sl No.	Subjects	Year Passed	No. of Attempts	Marks Obtained	Max Marks	Marks %
TOTAL						

Marks secured in 12th Std / Plus Two examination

Name of the School and Board						
Sl No.	Subjects	Year Passed	No. of Attempts	Marks Obtained	Max Marks	Marks %
TOTAL						

Marks secured for Highest Qualification GNM/BSc Nursing/Post BSc/MSc Nursing

Name of the School and Board					
Sl No.	Year Wise	No. of Attempts	Marks Obtained	Max Marks	Marks %
TOTAL					

14. Additional Qualifications if any

a) Computer Skills

b) Other

15. Previous experience, if any

(specify your designation, name and address
of employer & duration of work there)

16. Present employment if any

(specify your designation, name and address
of employer & duration of work there)

17. Extracurricular activities

(Religious, Social and Sports & Games)

(Attach separate sheet if needed)

18. Enclosures

1. Self-attested copies of Mark sheets and Degree Certificates of your highest qualification (GNM/BSc Nursing/Post BSc/MSc Nursing).
2. Self-attested copy of Birth certificate.
3. Self-attested copy of Transfer Certificate.
4. Character and conduct certificate issued by the HOD of the institution last studied in.

19. Declaration

I.....Son/Daughter of..... hereby assure that the particulars given in this form are true to the best of my knowledge. I promise to abide by the rules & regulations of Rajagiri Hospital if admitted for the course.

Counter Signature of Parent or Guardian

Signature of student

Place

Date

- ***Incomplete applications are liable to be rejected.***