

**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 Indian Diploma in Critical Care Nursing Course

1. Name in full (Block Letters)

Please attach recent Passport size Photograph (Self Attested)

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1. Address for communication

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| Pin Code : |  |  |  |  |  |  |
| E-mail ID : |

1. Date of Birth (DDMMYYYY)

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1. Religion (Mention Community)
2. Name of parish if the candidate is a Christian
3. Telephone No. Candidate Parent/ Guardian

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| Mob: | Res : |
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1. Name, Address & Occupation of Father or Guardian
2. Annual family income
3. Educational Qualifications of the candidate
4. Blood Group

4. Gender : Male ( ) Female ( )

1. Nationality
2. Educational Details

# Marks secured in 10th Std / SSLC examination

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

**Marks secured in 12th Std / Plus Two examination**

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

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

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

1. Additional Qualifications if any

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* 1. Computer Skills
	2. Other
1. Previous experience, if any

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

1. Present employment if any

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

1. Extracurricular activities

(Religious, Social and Sports & Games) (Attach separate sheet if needed)

1. Enclosures
2. Self-attested copies of Mark sheets and Degree Certificates of your highest qualification (GNM/BSc Nursing/Post BSc/MSc Nursing).
3. Self-attested copy of Birth certificate.
4. Self-attested copy of Transfer Certificate.
5. Character and conduct certificate issued by the HOD of the institution last studied in.
6. 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.***