Form No.



RAJAGIRI HOSPITAL

Chunangamvely, Aluva-683112

Ph. No. 0484 – 29 05 000 / 7184005, E-mail: academic.coord@rajagirihospital.com
(To be filled in the applicant's own handwriting)

Application for admission to Indian Diploma in Critical Care Nursing (IDCCN)

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)		4. Gender: Male	e() Female()
5. Religion (Mention Community)			
6. Name of parish if the candidate is a Christian			
7. Telephone No. Candidate	Mob:	Res:	
Parent/ Guardian	Mob:	Res:	
8. Name, Address & Occupation			
of Father or Guardian			
9. Annual family income			
10. Educational Qualifications of the candidate			
11. Blood Group			

larks sec	cured in 10 th Std / SSLC examin	<u>ation</u>				
Name o	of the School and Board					
Sl No.	Subjects	Year Passed	No. of Attempts	Marks Obtained	Max Marks	Marks %
	TOTAL	4				
larks sed	cured in 12 th Std / Plus Two exam	mination				
Name o	of the School and Board					
Sl No.	Subjects	Year Passed	No. of Attempts	Marks Obtained	Max Marks	Marks 9
Narks s	TOTAI ecured for Highest Qualification		ng/Post RSc/M	Sc Nursing		
	of the School and Board	GIVI/DSC IVIIISI	ng/1 ust DSC/141	ise ivuising		
Sl No.	Year Wise	No. of Attempts	Marks Obtaine		Marks	Marks %
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12. Nationality

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 ampleyment if any	
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 a	nd 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 Certific	
4. Character and conduct certificate issu19. Declaration	ued by the HOD of the institution last studied in.
	Son/Daughter of
particulars given in this form are true to the Rajagiri Hospital if admitted for the course.	best of my knowledge. I promise to abide by the rules & regulations of
Counter Signature of Parent or Guardian	Signature of student
Place	
Date	
• Incomplete applications are liable to be	rejected.