



MARIYAMMA SCHOOL OF NURSING

PLOT NO. 48, HILLS COLONY, VANASTHALIPURAM,
HYDERABAD-500070

Regd. By Govt. of AP GOMS No. 564

APNMC/GNT/5127/2006, Indian Nursing Council New Delhi, 18-02/2410.INC

PH: **9246246339/9290720877**

APPLICATION FORM

Admission No:

1. Name of the candidate : _____
(in block letters as per SSC records)
2. Father / Guardian Name : _____
3. Date of Birth & Age : _____
(As per school records)
4. Permanent Address : _____
(With Phone no.s if any) _____
5. Gender : Male /Female _____
6. Identification Marks : _____
7. Mother Tongue : _____ Read/Speak _____
- 8 Native Place : _____ Dist / State _____
9. Nationality : _____ Religion _____
10. Caste: SC/ST/BC/OC : _____ Sub Caste _____
11. Occupation of the parent/
Guardian : _____
12. Annual income of the
Parent / Guardian : _____
13. Tel No: Land : _____ Mobile _____
14. Educational Qualifications: _____ Year of passing _____
 - a) SSC/Equivalent Exam :HT No: _____ Year of passing _____
 - b) Inter/HSC/10+2 Exam :HT No: _____ Year of passing _____
 - c) First Appearing Qualifying Exam:Month: _____ Year of passing _____
 - d) Completed Qualifying Exam:Month: _____ Year of passing _____

e) Marks obtained in Inter/HSC/10+2 Exams : Total Marks _____

Secured Marks: _____

Sl No	Subject	Total Marks	Marks Secured
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

15. Particulars of Study / Residence

Year of Study (Ex: 1986-87)	Name of the School	Village /Mandal	District / State	Remarks
VI Class				
VII Class				
VIII Class				
IX Class				
X Class				
XI Class Junior				
XII Class Senior				

16. Name of the Visitors : _____
Relatives & their _____
Relationship _____

Applicant Signature

DECLARATION

I/ we hereby solemnly and sincerely affirm that the statement made and information furnished by me / us in the application form as in all the enclosures there to submitted by me / us are true and correct. I have not kept any information secret, should it however, be found that any information furnished therein fraudulent, incorrect or untrue immaterial particulars. I/We realize that I/we are liable to Criminal Prosecution and I/We also agree to forgo my seat in the training course.

Signature of the Parent / Guardian

Signature of the Applicant