



SUNDARAM MEDICAL FOUNDATION- CHENNAI
Application for Admission to
Basic B.Sc. Course - 3 Years in(Accident and Emergency care
technology

Please affix
 Passport size
 colour
 Photograph

Application No.:

- 1.Name
(As per School Record) :
2. Sex :
3. Date of Birth & Age :
4. Marital Status :
5. Caste & Community :
6. Religion & Nationality :
7. Father's Name :
8. Address of the Parents

PERMANENT ADDRESS	PRESENT ADDRESS
Telephone No. with Code :	Telephone No. with Code:

9. Academic Record

Levels	Subjects	Marks	Total Marks & Percentage	Medium of Instruction & Year of passing	Name of the Institution & Address
	Languages				
	English				
	Biology				
	Physics				
	Chemistry				
	Botany				
	Zoology				
	Mathematics				

10. Extra Curricular Activities, Hobbies

(Sports, Literary, Cultural, Etc.)

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11. Languages Known :

Languages	Speak	Read	Write
MOTHER TONGUE			

12. Reason for choosing the Course

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13. Family Details:

(Father, Mother, Brothers & Sisters)

Family Members with Relationship	Age	Educational Qualification	Occupation	Income (P/A)	Residence Address

14. Conduct & Character Certification :

(Give Name and Address of person or School Headmistress/College Principal or any person of good standing other than relatives who certifies the Conduct & Character)

Name	Occupation	Address

Note : Application can be obtained from Nursing Administration by payment of Rs.200/- and completed application form can be submitted to Nursing Administration by attaching a DD for Rs.500/- in favour of Sundaram Medical Foundation.

Complete the below table:

Draft amount	DD no	Name of the bank

15. Undertaking

I hereby declare, that the above particulars are true and correct to the best of my knowledge. And I have read the prospectus and fully understood that in the event of my violation of any of the rules and regulations. I am liable to immediate dismissal from the college. Further I consent to undergo the course for its full duration. I undertake that I will not cause disrespect or loss of reputation by indulging in mal practices or immoral or illegal acts which amounts to indiscipline, warrants dismissal from the college.

Parent Name :

Signature of the Parent :

Signature of the Applicant :

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16. Certificates Enclosed (Attested)

(Xerox copies only) (1) Educational Qualification (H.Sc., +2) (2) 10th Mark Sheet
(3) Transfer Certificate (4) Community Certificate (For SC/ST, BC, OBC & MBC only)
(5) Medical Fitness (Original)

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MEDICAL FITNESS CERTIFICATE

NameDate of Birth.....Age.....

Address.....

A Family Health	Age	History of hereditary diseases, communicable diseases & Mental illness, etc.	If Deceased	
			Date	Cause
Father				
Mother				
Brothers				
Sisters				

PLACE :

DATE :

NAME OF THE DOCTOR :

SEAL :

SIGNATURE &
QUALIFICATION OF THE
MEDICAL PRACTITIONER :

REG. NO. :

ADDRESS :

UNDERTAKING BY THE STUDENT & PARENT

My daughter is not suffering from any disease which will cause / interfere / difficult to pursue this nursing course which warrants termination or dismissal from the college.

Signature of the Student

Signature of the Parent/Guardian

Date :

Place :

N.B. : If any student is found to be medically unfit, she will discontinue the course.
If any existing illness detected subsequently, student will face termination.