

FATIMA COLLEGE OF NURSING, FATIMA HOSPITAL

35-C, Mahanagar, Lucknow-226006

Tel.: 0522-2961196, 7703001495

(It must be filled by the applicant in her own handwriting)

1. Name of the applicant _____
(In Block Letters)
2. Permanent Address _____

_____ Pin Code _____
3. Name of the Parent/Guardian. _____
4. Address of the Parent/Guardian _____

5. Phone Number 1. _____ 2. _____
6. Relationship & Guardians Occupation _____
Income _____ / Year
7. Date of birth of the applicant _____ Age _____ Sex _____
8. Nationality _____ State _____
9. Height _____ Cm. Weight _____ Kg.
10. Religion _____ Married / Single / Widow
Category _____ Gen/SC*/ST*/OBC* (*Enclose Certificate)
11. Educational Qualification : _____
12. Details of educational qualification :

S.No.	High School	Inter/P.D.C.	Any other Qualification
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1. Name of the Institution and address
Where you studied

2. Duration of the course

3. Medium of Instruction

4. Number of attempt

5. Year of Passing : Reg. No.

6. Total marks and percentage

7. Subjects you studied

8. Extra curricular activities participated

13. Do you know English?

To read _____ To Write _____ To follow lecture _____

14. How have you been occupied during the last 2 years.

15. Name and address with phone number of two persons not related to you but know you at least for the last 2 years

(1)

(2)

15. State in your words why you wish to take up nursing.

16. Have you enclosed all the documents as mentioned in the prospectus. (Yes/No)

DECLARATION BY THE APPLICANT

I, (Name) _____ hereby declare that I have carefully studied the prospectus, that I have no disqualifying physical or mental disabilities and that the statements made by me in this application and the documents forwarded with it are true to the best of my knowledge and belief. Further I promise to abide by the rules and regulation of the institution.

Date _____

Signature
(Student)

DECLARATION BY THE GUARDIAN

I, (Name) _____ have carefully studied the prospectus and in the event of the above applicant being admitted I undertake to pay regularly all the hostel and other dues till the completion of her course.

Date _____

Signature
(Parent/Guardian)

OPERATION PERMIT

I hereby give permission for (Name of student _____
_____ to have any emergency operation performed under any Anesthesia at Fatima Hospital, Lucknow, My permission should be obtained each time for any elective operation.

Date _____

Signature

(Parent/Guardian)