

No. _____

COLLEGE OF NURSING
ELLEN THOBURN COWEN MEMORIAL HOSPITAL

P. O. BOX NO. 4, KOLAR – 563 101, KARNATAKA STATE, PH. 08152-222694

FOR OFFICE USE ONLY

Registration Fee Rs.....Draft No. / Cash.....

Bank.....Date.....Place.....

Date of ReceiptReceived by

Affix a recent Passport
Size Photograph Here

APPLICATION FORM FOR ADMISSION TO BASIC B. Sc. NURSING

1	Name in block letters as entered in 10 th Marks Card	Mr./Mrs./ Miss.
2	Father Name	
3	Mother Name	
4	Age:	Date of Birth :
5	Nationality :	Sex: Blood Group:
6	Marital Status: Single / Married / Widowed / Divorced. : If married: Number of children and their age:	
7	If Married Spouse Name:	
8	Religion: Caste: (Enclose community certificate issued by the Tahsildhar)	
9	If Christian state your church & denomination	
10	Present address with Pin Code Phone No. Mobile No.	
11	Permanent Address with Pin Code Phone No. Mobile No.	

12 Educational Qualification (Enclose Copies attested by Gazetted officer)									
Course	Name of the School / College	Duration		Total Years	Month & year of Pass	Medium	Total Marks	Marks Obtained	% age
		From	To						
S.S.L.C									
P.U.C.									
Any other									

13. Mother Tongue.....

14. Are you fluent in written and spoken English? **Yes / No**

15. Write a few lines on a separate sheet of paper about the factors which have influenced your plans and aspiration to upgrade yourself in Nursing Education.

16. Do you agree to abide by the rules and regulation of the ETCM Hospital College of Nursing?

I certify that the above information is complete and accurate to the best of my knowledge

Signature of the Candidate.....

Completed application form should reach our office by201__ Late or incomplete applications without the necessary enclosures will be rejected. Enclose only Attested Photo copies of the certificates along with application. **DO NOT ENCLOSE ORIGINAL CERTIFICATES**

Enclosures:

- | | |
|-------------------------------|-----------------------------------|
| 1. Registration Fee Rs. 300/- | 2. SSLC Marks Card |
| 3. PUC Marks Card | 4. Transfer Certificate |
| 5. Caste Certificate | 6. Passport Size Photo's four (4) |
| 7. Medical Certificate | 8. Eligibility |
| 9. Migration | |

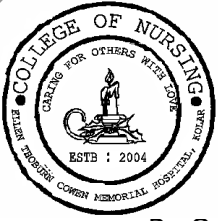
IThe student, with understanding and of my own free will do solemnly promise that in return for the training which I receive in the ETCM College of Nursing; I will serve in the said hospital approved by the Principal College of Nursing, for a period of _____Months / Year. I understand that no exceptions are permitted.

Signature of Father / Guardian

Signature of Candidate

Place:

Date:



No. ____

COLLEGE OF NURSING ELLEN THOBURN COWEN MEMORIAL HOSPITAL

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FORM OF APPLICATION FOR ADMISSION TO M.Sc. NURSING

1	Name in block letters as entered in 10 th Marks Card	Mr./Mrs./ Miss.
2	Father Name	
3	Mother Name	
4	Age:	Date of Birth :
5	Nationality :	Sex: Blood Group:
6	Marital Status: Single / Married / Widowed / Divorced. : If married: Number of children and their age:	
7	If Married Spouse Name:	
8	Religion: Caste: (Enclose community certificate issued by the Tahsildhar)	
9	If Christian state your church & denomination	
10	Present address with Pin Code Phone No. Mobile No.	
11	Permanent Address with Pin Code Phone No. Mobile No.	
12	Subject Specialty: 1 Medical Surgical Nursing <input type="checkbox"/> 4 Obstetrics & Gynaecological Nursing <input type="checkbox"/> 2 Community Health Nursing <input type="checkbox"/> 5 Psychiatric Nursing <input type="checkbox"/> 3 Paediatric Nursing <input type="checkbox"/>	

13	Educational Qualification (Enclose Copies attested by Gazetted officer)								
Course	Name of the School / College	Duration		Total Years	Month & year of Pass	Medium	Total Marks	Marks Obtained	% age
		From	To						
S.S.L.C									
P.U.C.									
B.Sc.(N) /PC B.Sc.(N)									
Any Other									

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16. Write a few lines on a separate sheet of paper about the factors which have influenced your plans and aspiration to upgrade yourself in nursing education.

17. Do you agree to abide by the rules and regulation of the ETCM Hospital College of Nursing?

I certify that the above information is complete and accurate to the best of my knowledge

Signature of the Candidate.....

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CERTIFICATES

Enclosures:

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| 1. Registration Fee Rs. 300/- | 2. SSLC Marks Card |
| 3. PUC Marks Card | 4. B. Sc. (N)/ PC B. Sc. (N) Marks Card |
| 5. Caste Certificate | 6. Passport Size Photo's four (4) |
| 7. Medical Certificate | 8. Eligibility |
| 9. Migration | 10. Transfer Certificate |
| 11. Registration Certificates | 12. Experience Certificates |
| 13. Degree Certificate | |

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Signature of Father / Guardian

Signature of Candidate

Place:

Date:



No. ____

SCHOOL OF NURSING

ELLEN THOBURN COWEN MEMORIAL HOSPITAL

P. O. BOX NO. 4, KOLAR – 563 101, KARNATAKA STATE, PH. 08152-222694

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APPLICATION FORM FOR ADMISSION TO G.N.M. NURSING

1	Name in block letters as entered in 10 th Marks Card	Miss./Mr./Mrs.
2	Father Name	
3	Mother Name	
4	Age:	Date of Birth :
5	Nationality :	Sex: Blood Group:
6	Marital Status: Single / Married / Widowed / Divorced. : If married: Number of children and their age:	
7	If Married Spouse Name:	
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P.U.C.									
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