



OMAYAL ACHI COLLEGE OF NURSING

(Run by MR. Omayal Achi MR. Arunachalam Trust)

KING CROSS ROAD, SATHYAMOORTHY NAGAR, AVADI, CHENNAI - 600 062.

PHONE: 044-26385125, 26379023 FAX: 044-26373464

Website: www.omayaln.com, email: oacn1992@gmail.com

APPLICATION FORM FOR ADMISSION TO DIPLOMA IN NURSING AIDE

For Office use
Registration Number

Affix Passport
size Photograph
Duly attested by
Gazetted Officer

(The Application Form is to be completed by the
Applicant in her own handwriting)

1. Name of the Applicant :
(In Block letter as seen in
School records)
2. Date of Birth: Date :
Month :
Year :
3. Religion :
4. Nationality :
5. Present Address :
(With telephone number if any)
6. Permanent Address :
(with telephone number if any)
7. Mother Tongue :
8. Languages Known: Speak
Read
Write
9. Academic Qualification :

Exam Passed	Year of Passing	Institution	University / Board	Subjects	Marks Obtained	Attempt of Passing
X						
XII						

(Please attach Xerox copies of your educational qualifications)

10. Any other Qualification :

11. a) Personal Information

Name	Age	Education	Occupation	Annual Income
Father				
Mother				
Brothers / Sisters				
1.				
2.				
3.				
4.				
5.				

b) Number of dependents in the Family :

c) State any scholarship or special Honours, you have received in your High School career. (Cash Or Certificate) :

d) List any organization or activities in which you participated in School / College :

e) State your hobbies and interests:

f) State why you selected this course:

12. Reference (from at least two persons holding responsible positions and not related to the applicant)

Name : Name :

Address : Address :

Pin: Phone: Pin: Phone:

DECLARATION BY THE APPLICANT

I declare that the entries made by me in this form are true to the best of my knowledge. I have gone through the prospectus carefully and undertake to abide by all the conditions. I further agree, if admitted, to conform to the rules and regulations at present in force or that may hereafter be made for the administration of the college. I undertake that I will not do anything unworthy as a student of the college or anything that will interfere with its orderly working and discipline. I hold myself responsible for dues and prompt payment of fees. I am aware that the management has full authority to expel me for disinterest in studies and / or misbehaviour.

Date:

Signature of the applicant

DECLARATION BY THE PARENT / GUARDIAN

I hereby declare that I hold myself responsible for her good conduct and I have known the financial obligation and I can afford and undertake to pay the tuition and other fees payable to the institution under the rules of the College.

Date:

Signature of the Parent / Guardian

NOTE for the Applicant:

Please enclose Xerox copies of the following documents:

1. Secondary School Leaving Certificate.
2. Higher Secondary Examination pass Certificate.
3. Mark Sheet of Std XI and Std XII
4. 2 Copies of duly attested passport size photographs.
5. Conduct Certificate from the Head of the Institution, wherein the applicant Studies for her qualifying examination.
6. Xerox Copy of the Community Certificate
7. Medical Fitness Certificate (from Govt. Approved Medical Practitioner)

* **Cost of Application** form is **Rs.100**. Which may be submitted in the form of DD drawn in favour of "Omayal Achi College of Nursing" payable at Chennai along with the filled in application form.