

Application No.



TRIPURASUNDARI COLLEGE OF NURSING TRIPURA WEST

Affix
Your
Photograph
Here

COURSE

- GNM (Diploma Level)
 B.Sc. Nursing (Degree Level)

Result

Principal

Registration No. :

1. Name (Block Letters) : _____

2. Mailing Address : _____

Permanent

For Communication

Pin Code

Pin Code

3. Date of Birth : _____

4. Age : _____

5. Father's / Guardian's Name : _____

6. Father's / Guardian's Occupation : _____

(With Office Address)

Ph. : Off. _____ Res : _____

6. Sex M F

8. Native Place / District / State : _____

9. Nearest Telegraph Office : _____

10. Nationality : _____

11. Religion : _____

12. Community : OC / BC / MBC & DNC / SC / ST / OBC

13. Marital Status : _____

14. **Details of Qualifying Examination**

Name of the Examination : HSC / PUC / PDC / INTERMEDIATE

No. of Appearances : _____

Name of the Institution : _____

Address of the Institution : _____

Year of Passing : _____

Percentage of Marks : _____

Medium of Study : _____

Declaration

I hereby agree to abide by the rules and regulations of the college and maintain discipline, in and around the college and the hostel premises.

Signature of the Applicant

I hereby solemnly and sincerely affirm that the statement made and the information furnished in my Son's / Daughter's / Ward's application as also in all the enclosures thereto submitted by me / him / her are true. Should it, however be found false, I agree to forego the claim that he / she should forego his / her seat in the college.

Place :

Date :

Signature of Parent / Guardian

Instructions :

1. Enclose Photocopies of the Marksheet / TC / CC and other Certificates as required.
2. Application with incomplete particulars will not be considered.
3. Five copies of recent passport size photograph and all original certificates are required at the time of admission.
4. It is important that you make a note of your application number for all your future reference.