

# Jubilee Mission School of Nursing



**Jubilee Mission Hospital Trust - Archdiocese of Trichur**

P.B. No. 737, Jubilee Gardens, Jubilee Mission PO, Thrissur East - 680 005, Kerala, India

Tel: 0487 242 8010 (School Office), 242 1885 (Office Supdt.), 243 2200, 246 1000, (Hospital)

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## Application Form for Admission to G.N.M. (2021-22)

### Diploma in General Nursing & Midwifery Course

<b>Application No:</b>		Last date for submission of completed application is 31.08.2021									
<b>Name of the Applicant</b> (As in SSLC Book)											
<b>Date of Birth &amp; Age</b>		D	D	M	M	Y	Y	Y	Y		
<b>Place of Birth:</b>											
<b>Gender:</b>											
<b>Blood Group:</b>											
<b>Caste:</b>						<b>Religion:</b>					
<b>Category:</b> Kindly mark Tick (v) against the relevant box		General	SC	ST	OBC	If CATHOLIC, Specify Syro-Malabar / Syro-Malankara / Latin Catholic				If NOT CATHOLIC, specify Christian Denomination	
<b>Handicapped:</b> (Yes/No)						If CATHOLIC, Specify the Diocese & Parish					
Permanent Address with PIN Code						Address for Communication with PIN code					
<b>Name of Father &amp; Occupation:</b>											
<b>Name of Mother &amp; Occupation:</b>											
<b>Telephone (Land Line, if available):</b>											
<b>Contact Mobile Number 1:</b>											
<b>Contact Mobile Number 2:</b>											
<b>Contact E-mail ID:</b>											
<b>Average Annual Family Income:</b>											
<b>Aadhar Number of Candidate:</b>											
<b>Details of 10<sup>th</sup> &amp; 12<sup>th</sup> Standard Examinations:</b>											
Std.	Name of the Institution Studied				Name of the Board				Reg. No.		Year
X											
XII											
Others											

**Marks Obtained in Plus Two / Qualifying Examination :**

Subject	Marks Scored	Maximum Marks	% / Grade
Part I :Main Language: ENGLISH			
Part II :Additional Language:			
Part III :Optional Subjects			
1.			
2.			
3.			
4.			
5.			
6.			
TOTAL			

**Note:**

- **Complete the Application Form in BLOCK CAPITAL LETTERS only** in candidates own handwriting & do not leave any column blank.
- Please **go through the Prospectus on the website, before filling up the Application Form.** Visit the website regularly for updates.
- Please **enclose the SELF-ATTESTED PHOTOCOPIES OF ALL RELEVANT DOCUMENTS as per Prospectus** along with the completed application, such as SSLC Certificate & Mark-list, Plus Two Certificate & Mark-list, Community/Cast Certificate from Revenue Authorities (if applicable), Letter from Parish Priest (if applicable), etc. **Do not attach any original documents with the application.**
- **APPLICATION FEE: Demand Draft (DD) for Rs.300/- in favour of Director, Jubilee Mission School of Nursing payable at Thrissur** from any Bank shall be enclosed while submitting the completed application form.
- **The application shall reach the office on or before 31<sup>st</sup> August, 2021.** Incomplete and delayed applications will be rejected. Those submitting the application directly shall deposit them in the box specified and placed in the front of the Superintendent's Office at the ground floor of the administration building (Gate-1) of Jubilee Mission Medical College.

**JOINT DECLARATION OF THE APPLICANT & PARENT**

We hereby sincerely and solemnly affirm that, we have read and understood the rules and code of conduct of the School of Nursing and promise to follow the same. If we contravene any of the rules and regulations we are aware that the student will be liable for disciplinary action that the management of Jubilee Mission School of Nursing may consider necessary and appropriate.

Moreover, we do hereby declare that all the information furnished above are true and correct to our knowledge and belief, and we will obey the rules and regulations of the institution if admitted and shall submit all certificates and documents in original at the time of admission, failing which my admission will be liable for cancellation. We promise to pay all the fees as prescribed in prospectus from time to time. We also promise jointly that the applicant will not indulge in any of the act connected with ragging. We are also fully aware that the use of mobile phones is fully banned in the institution.

We further declare that the admission to the institution will be subject to the final decision of the management and registration by Kerala Nurses and Midwives Council.

**Date:****Name & Signature of Candidate****Name & Signature of Parent****FOR OFFICE USE ONLY****Verified certificates on: .....****Name & Signature of verifying Official****Forwarded information for interview on: .....**

Admission granted / Not granted

**If admitted, Register No. & Date of Admission:**