



TMM COLLEGE OF NURSING

The Dewan Bahadur Dr. V. Verghese Hospital Trust Association
Anjilithanam P. O, Kaviyoor, Thiruvalla, Kerala, India - 689582
0469 2618653, 2619041 | www.tmmnursingcollege.in

BIODATA FORM

To be filled by each student securing admission at TMM College through PNCMAK/LBS to the B.Sc. Nursing Course for the Academic year 20__ – 20__

Application No:

Application Fee Receipt No:

1	Name of the candidate (in block letters)	
2	Date of Birth and Age in years (D/M/Y/yrs)	<input type="text"/>
3	Sex (M/F)	<input type="text"/>
4	Educational Qualifications	<input type="text"/>
5	Caste and Religion	<input type="text"/>
6	Encircle the category you belong to	SC / ST / OBC / OEC / General
7	Name and passport No. of the sponsor – if applying for NRI Quota	<input type="text"/>
8	Number of appearance in CBSE / HSE / Other	<input type="text"/>

Marks Secured in Exams	Grand Total	Physics	Chemistry	Biology	Science Subjects Total	English
HSE						
VHSE						
CBSE						
ICSE						
Marks Secured						
%						

9	Particulars of other qualifications, if any, and other extracurricular activities	<input type="text"/>
10	Address of the Principal of the College/HSE/VHSE/CBSE/ ICSE/ which the	<input type="text"/>

TMM College & School of Nursing exist to impart quality nursing education by sharing the compassion of Jesus Christ with students, and spiritual counsel, leading to their development and wholeness.





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	student last attended			
11	Name of the Father and occupation			
12	Name of the Mother and occupation			
13	Yearly income of the family	Rs.		
14	Permanent Address & Tel. No. with STD code			
15	Present Address with PIN code, Tel. No. with STD code, Mobile No.			
16	Name and Address of Parent / Guardian, Tel. No. with STD code, Mobile No.			
17	Relationship of applicant with guardian			
18	Have registered an application with the LBS Center, Thiruvananthapuram	Yes	No	If Yes, Rank No _____

Declaration by the Applicant

I, hereby declare that I have carefully gone through the prospectus received along with the application and I promise to abide by the rules and regulations. I further declare that I have no physical or mental disabilities that disqualify me for admission and statement made by me in this application and the documents produced in support thereof are true to the best of my knowledge and belief.

Place:

Signature:

Date: / / 20__

Name:

Declaration by the Parent / Guardian

I, have carefully gone through the prospectus, I undertake in the event of the above applicant being admitted to pay regularly all the tuition fees, hostel fees and other dues till the completion of the course and to execute an agreement with the management accordingly.

Place:

Signature:

Date: / / 20__

Name:

Note:



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1. Application form should be filled in by the candidate in his / her own handwriting. Self-attested copies of certificate / documents in support of column numbers 2, 5, 6, 7 and 8 should be attached along with the application.
2. Original certificates must be produced at the time of interview / Admission.

FOR OFFICE USE ONLY (TMM College of Nursing)

Check list: Enclosed copies of the following? If yes put a tick mark.

SSLC Certificate		CBSE / HSE Certificate/mark list		Transfer Certificate	
Conduct Certificate		Medical fitness		Migration Certificate	
Church Certificate					

Verified and found correct		Marks obtained				
Admission Details						
Category				Fee paid	Rs.	
Date	D	M	Y	Admission Number		
Comments						