



# 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)                       |                               |  |  |
| 3 | Sex (M/F)  |                               |  |  |
| 4 | Educational Qualifications                                       |                               |  |  |
| 5 | Caste and Religion   |                               |  |  |
| 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 |                               |  |  |
| 8 | Number of appearance in CBSE / HSE / Other                       |                               |  |  |

| 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            |  |
| 10 | Address of the Principal of the College/HSE/VHSE/CBSE/ ICSE/ which the student last attended |  |

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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|    |   |     |    |                          |
|----|---|-----|----|--------------------------|
| 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<br>_____ |

### 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: .....



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**Note:**

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 |          |                  |                 |
| <b>Admission Details</b>   |          |                |          |                  |                 |
| Category                   |          |                |          | Fee paid         | Rs.             |
| <b>Date</b>                | <b>D</b> | <b>M</b>       | <b>Y</b> | Admission Number |                 |
|                            |          |                |          |                  | <b>Comments</b> |

