

TMM COLLEGE OF NURSING

The Dewan Bahadur Dr. V. Verghese Hospital Trust Association Anjillithanam P. O, Kaviyoor, Thiruvalla, Kerala, India - 689582

0469 2618653, 2619041 | www.tmmnursingcollege.in

	BIODATA FORM	1		
	be filled by each student securing admission at Trising Course for the Academic year 20 – 20	MM Col	lege of	f Nursing, to the B.Sc.
Appl	ication No:			
Appl	ication 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/S	T / OB	C / OEC / General
7	Name and passport No. of the sponsor – if			
	applying for NRI Quota			
8	Number of appearance in CBSE / HSE / Other			
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			
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	Yes	No	If Yes, Rank No
	Center, Thiruvananthapuram			



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Board of Education	on: HSE / \	/HSE / CBSE	E / ICSE / Othe	rs Specify _	
Marks Secured in	Plus 1 / 1	1 th Std.:			
	English	Physics	Chemistry	Biology	Grand Total of Four Subject
Marks Secured			Í		,
% Marks					
Marks Secured in	Plus 2 / 1	2 th Std.:			
	English	Physics	Chemistry	Biology	Grand Total of Four Subject
Marks Secured					
% Marks					
gone through the the rules and regu disqualify me for	prospectulations. If admission sup	us received further dec and staten	along with the lare that I hav nent made by	e application e no physic me in this a the best of Sign	dare that I have carefully on and I promise to abide by tal or mental disabilities that application and the my knowledge and belief. ature:
Declaration by th	e Parent /	' Guardian			
l, prospectus, I und	ertake in t	he event of	f the above ap er dues till the	plicant being completion	Illy gone through the ng admitted to pay regularly on of the course and to
Place:				Sign	ature:
Date: / / 20_				Nar	ne:



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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.

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

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

Verified and found		Marks obtained				
correct						
	'	Admis	sion Details			
Category				Fee paid	Rs.	
Date	D	M	Υ	Admission		
				Number		
-	l	I				
						0
						Comments