



**CSI JEYARAJ ANNAPACKIAM COLLEGE OF NURSING AND ALLIED SCIENCES**

(CSI – Diocese of Madurai & Ramnad)

Merry Dew Hills, Pasumalai, MADURAI 625004.

Approved by the Indian Nursing Council Certificate No.18-29/21-55-INC

Affiliated to the Tamilnadu Dr MGR Medical University RC No.1179/AFFLN(3)/93

Recognized by TN Nurses Midwives Registration Council

PH.9585670676, 9629207465

E-mail:jaconmadurai@yahoo.co.in website:www.csijacon.com



**APPLICATION FOR ADMISSION TO B.Sc DEGREE COURSE IN NURSING**

**For Office use only**

Registration Fee \_\_\_\_\_

Date of Receipt \_\_\_\_\_

Name of Bank & Place \_\_\_\_\_

Draft Number \_\_\_\_\_

Date of Draft \_\_\_\_\_

**AFFIX A RECENT  
PASSPORT SIZE  
PHOTO**

**I. PERSONAL DETAILS:**

**1. Name in Full (BLOCK LETTERS)** \_\_\_\_\_

**2. Address for communication (BLOCK LETTERS)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**State** \_\_\_\_\_

**Pin Code** \_\_\_\_\_

**Phone No** \_\_\_\_\_

**Mobile No** \_\_\_\_\_

3. Gender : Male / Female \_\_\_\_\_ 4. Mother Tongue \_\_\_\_\_

5. Place of Birth \_\_\_\_\_ 6. Nationality \_\_\_\_\_

7. Age \_\_\_\_\_ Date of Birth Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_

8. Religion \_\_\_\_\_ 9. Community (SC/ST/BC/MBC/Others) \_\_\_\_\_

**10. Parent's Details :**

a. Father's Name : \_\_\_\_\_

b. Mother's Name : \_\_\_\_\_

c. (for Christians only)

i. Do you belong to C.S.I. Church : \_\_\_\_\_

ii. If not, do you belong to which church : \_\_\_\_\_

iii. Name and address of the pastor of  
your church in which your } \_\_\_\_\_

iv. Parent are members for at least three years :

**II ACADEMIC DETAILS:**

1. State your pattern of Schooling : (Higher Secondary / Pre-Degree/Any other)

\_\_\_\_\_

2. Medium of instruction (Tick the appropriate)

Tamil  English  Malayalam

3. Name of the Board / University & State Examination

HSC

CBSC

ICSC

PRE DEG

4. Year of Passing \_\_\_\_\_

5. If Attempt, Mention

ONE

TWO

**6. PCBC AGGREGATE**

S.No	Subjects	PCBE -AGGREGATE (P –Physics, B Biology C- Chemistry E- English)	Total Percentage
1.	Physics		
2.	Chemistry		
3.	Biology		
4.	English		

**III. FAMILY DETAILS :**

1. A. Father's Occupation \_\_\_\_\_

B. Mother's Occupation \_\_\_\_\_

2. Monthly Income of the family (All source) \_\_\_\_\_

3. Source of financial support for your study :

Parent / Guardian / Others (Specify): \_\_\_\_\_

I \_\_\_\_\_ Parent / Guardian of \_\_\_\_\_ declare  
that I shall meet the expenses of the applicant while she / he is a student in College of Nursing  
& Allied Sciences, Merry Dew Hills, Pasumalai, Madurai.

Signature of Parent / Guardian

**DECLARATION:**

We declare that the information given in the form is correct and hereby agree to abide by rules of the institution.

Place : Signature of the Candidate \_\_\_\_\_

Date : Signature of Father / Guardian \_\_\_\_\_

Signature of Mother \_\_\_\_\_

**INSTRUCTIONS :**

- 1) All the columns have to be filled in by the candidate's own handwriting
- 2) The completed forms should reach the Principal, C.S.I. Jeyaraj Annapackiam College of Nursing & Allied Sciences, Merry Dew Hills, Jonespuram, Pasumalai, Madurai – 625004 Tamilnadu.
- 3) The following MUST be enclosed along with the filled in application (Xerox copies only).
  - i. The candidate for Academics should be filled and signed by the “Principal of the school last studied”
  - ii. S.S.L.C. Mark Sheet
  - iii. Higher Secondary Mark Sheet
  - iv. Transfer Certificate v. Community Certificate
  - vi. Conduct Certificate from the Headmaster of the School / Principal of the college last studied
  - vii. Migration Certificate viii. Nativity Certificate
  - ix. Eligibility Certificate x. Income Certificate
  - xi. Attendance Certificate
  - xii. A conduct Certificate from the pastor of the Church, which she / he is a regular member (Only for Christian Students)
  - xiii. Physical Fitness (From Attached with the application) xiv. Three self addressed envelopes (7”5”) with stamps affixed
  - xv. Ten Nos. of colour passport size photographs with white background

- 4) DD of Rs.1000/- towards registration charges drawn in favour of “The Correspondent, CSI JACON”, payable at Madurai.
- 5) The physical Fitness should be certified only by the Doctors in Christian Mission Hospital,  
East Veli Street, Madurai – 1
- 6) Students from other states and overseas candidates, attach an “ELIGIBILITY CERTIFICATE”, from The Tamil Nadu Dr.MGR Medical University, Chennai.
- 7) INCOMPLETE OR LATE APPLICATIONS WILL BE REJECTED.
- 8) The Medical fitness certificate should be attested by the Doctor of PCC Health Centre, Pasumalai, Madurai-4.

**NOTE: The Originals of all the documents should be produced at the time of admission.**

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**CERTIFICATE OF ACADEMICS**

This form is to be filled in and signed by the principal / college where the candidate studied should send along with the completed application form.

1. Name of the candidate

2. Date of Birth            Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_

3. Subject Studied +2

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

4. Passed in Examination

1 Attempt

2 Attempt

3 Attempt

5. Community of the Student

OC

BC

MBC

SC / ST

6. Conduct of the student

Name of the School            :

Signature of the Principal    :

Name in Block Letters        :

Seal:

Date :

**C.S.I. JEYARAJ ANNAPACKIAM COLLEGE OF NURISNG & ALLIED  
SCENCES.**



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Merry Dew Hills, Pasumalai, Madurai – 625 004.**

**MEDICAL FITNESS CERTIFICATE**

**(To be filled in by the Doctors in Christian Mission Hospital, East Veli Street,  
Madurai – 1. Or PCC Health Centre, Pasumalai, Madurai – 4.)**

**Name :** \_\_\_\_\_ **Age :** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Sex :** \_\_\_\_\_

\_\_\_\_\_

**1. Physical Examination**

**A. General Development:**

**Weight** \_\_\_\_\_ **Height** \_\_\_\_\_ **Posture** \_\_\_\_\_

**B. Clinical Examination:**

**1. Vision** : \_\_\_\_\_

**2. Hearing** : \_\_\_\_\_

**3. Mouth** : \_\_\_\_\_

**4. Respiratory system** : \_\_\_\_\_

**5. Cardio – Vascular System:** \_\_\_\_\_

**6. G.I System** : \_\_\_\_\_

**7. Genito – urinary System :** \_\_\_\_\_

**8. Reproductive System** : \_\_\_\_\_

(Menstrual history)

**9. VITAL SIGNS**

1. **Temperature** :

2. **Pulse** :

3. **Respiration** :

4. **Blood Pressure:**

**10. LAB INVESTIGATIONS**

1. **Blood Routine** :

2. **Blood Group** :

3. **Hb%** :

4. **Urine Analysis** :

5. **Any other** \_\_\_\_\_

**11. HISTORY**

**Known case of any personal illness with duration (Eg.Primary Complex, DM)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**History of Family Illness :**

**Diabetes Mellitus** \_\_\_\_\_



Asthma

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Hypertension

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**12. OPINION REGARDING PHYSICAL FITNESS FOR NURSING COURSE.**

**Date :**

**Signature Of Medical Officer**

**Office Seal :**

**Registration No.**

**Address:**