



# OMAYAL ACHI COLLEGE OF NURSING

No 45, Ambattur Road, Puzhal, Chennai – 600 066, Tamil Nadu, India

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## B.Sc (Nursing) PROGRAMME – APPLICATION FORM

Registration Number :   
(for Office use only)

*(The Application form is to be completed by the applicant in her own handwriting)*

*Affix  
Recent passport  
Size photograph  
Duly attested by  
Gazetted Officer*

**1. Name of the Applicant** :  
(In Block Letters as seen in School Records)

**2. Date of Birth:** (DD/MM/YYYY) :

**3. Religion** :  
**State (SC/ST/BC/MBC/OC)**  
(for administrative purpose only)

**4. Nationality** :

**5. Present Address** :  
(with telephone/mobile number/Email-id)

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**6. Permanent Address** :  
(with telephone/mobile number/Email-id)

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**7. Address of Local Guardian** :  
(with telephone/mobile number/Email-id)

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**8. Mother Tongue** :

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**9. Languages Known:** **Speak** :  
**Read** :  
**Write** :

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**10. Academic Qualification: (+2 only)**Medium of Instruction: English/Tamil/Others  
(Please Tick)

Exam Passed	Year of Passing	Name of the School	University/Board	Subjects	Marks Obtained	Attempt of Passing

**Overall %:****PCB%:****Total Marks:***(Please attach xerox copies of your educational Qualifications)***11. Any other Qualification :****12. Personal Information :****a. Family Profile:**

Name	Age	Education	Occupation	Annual Income
<b>Father</b>				
<b>Mother</b>				
<b>Brothers / Sisters</b>				
1.				
2.				
3.				
4.				
5.				

**b. Number of dependents in the family :****c. State any scholarship or special honors, you have received in your School career:***(Enclose the xerox copies)***d. List any organization or activities in which you participated in School:***(Enclose the xerox copies)***e. State your hobbies and interests:**

- 1.
- 2.
- 3.

**13. Mention the reasons for choosing Nursing:**

**14. Reference (from two persons holding responsible positions and not related to the applicant):**

S. No	Name	Designation	Address & Contact No.

**DECLARATION OF THE CANDIDATE**

I declare that the entries made by me in this form are true to the best of my knowledge. I have gone through the prospectus carefully and undertake to abide by all the conditions. I further agree, if admitted, to conform to the rules and regulations at present in force or that may hereafter be made for the administration of the college or anything that will interfere with its orderly working and discipline. I hold myself responsible for dues and prompt payment of fees. I am aware that the management has full authority to expel me for disinterest in studies and/ or misbehavior.

**Date:**

**Signature of the Candidate**

**DECLARATION BY THE FATHER / GUARDIAN**

I hereby declare that I hold myself responsible for her good conduct and I have known the financial obligation and I can afford and undertake to pay the tuition and other fees payable to the Institution under the rules of the College.

**Date:**

**Signature of the Father/Guardian**

**NOTE for the Candidate:**

Please enclose the following Xerox copies of documents:

- a) 10<sup>th</sup> Mark Sheet.
- b) 12<sup>th</sup> Mark Sheet.
- c) 12<sup>th</sup> Transfer Certificate.
- d) Conduct Certificate from the Head of the Institution, wherein the candidate studied for her qualifying examination.
- e) Xerox copy of the Community certificate.
- f) Medical fitness Certificate (from Govt. Medical Practitioner) along with blood grouping certificate.
- g) If the candidate is from other state: The following documents has to be produced,
  - a. Eligibility certificate from The Tamilnadu Dr.M.G.R Medical University, Guindy, Chennai.
  - b. Migration certificate from the concerned board from where last studied.
- h) Hepatitis B & Typhoid Vaccination certificate.
- i) Recent Income certificate.
- j) Aadhar card copy (to be linked with the student personal bank account)
- k) Individual bank account pass book (First page)
- l) Nativity certificate if applicable.

**Bank Account Details:**

1. Name of the bank : Axis Bank
2. Branch : MTH Road, Ambattur
3. Account No : 911010028966119
4. Account type : SB
5. Account Name : Omayal Achi College of Nursing
6. IFSC code : UTIB0000865

**\* Note: Please pay the application fees Rs.500/- to the above account and write the NEFT reference number on top of the application and send the scanned copy of NEFT reference form, application form along with the necessary documents to our college Email Id: [oacn1992@gmail.com](mailto:oacn1992@gmail.com)**