



# Hindu Mission College of Nursing

103, G S T Road, Tambaram West, Chennai - 45 Ph.no. 044- 22262244

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

Registration No.:  
(for office use only)

1. **Name of the applicant in full** :  
(in block letter as in the certificate/ mark list)
2. **Date of Birth & Age** :
3. **Sex** :Female / Male
4. **Religion** :OC / BC / MBC / DNC / SC / ST  
(for administrative purpose only)
5. **Present Address** : .....  
(with telephone / mobile number, if any) .....  
.....  
.....  
.....  
.....

Affix your recent  
passport size colour  
photo here

**Contact nos.** .....

### 6. **Authorised Visitors with Photo**

**Name:**

**Relationship:**

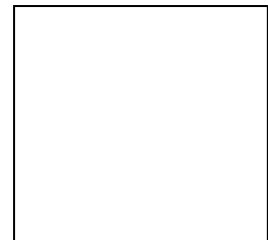
**Address & Contact No:**



**Name:**

**Relationship:**

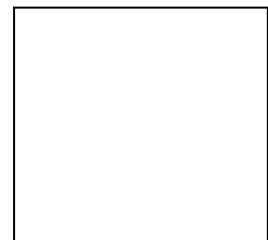
**Address & Contact No:**



**Name:**

**Relationship:**

**Address & Contact No:**



**Joint Declaration by the Applicant & Parent / Guardian**

I, ..... declare that the particulars given in the application are true and correct. I will strictly abide by the rules and regulations of the hostel and will not participate in any demonstration of political, communal and anti-social activities. I am aware that the management has full authority to expel me for disinterest in studies and/ or misbehavior. I, Parent / Guardian ..... hereby declare that I hold myself responsible for her good conduct and I agree to pay the fees payable to the Institution under the rules of the College.

Place :

Date :

Signature of candidate

Signature of parent / guardian

**FOR OFFICE USE ONLY**