



STATE INSTITUTE OF MEDICAL EDUCATION AND TECHNOLOGY (SI-MET)

Application for Admission to Post Basic Course-2018-2019 in the Nursing Colleges under SIMET

[Please read the prospectus carefully before filling in the application form. No item should be left unfilled. The item, which is not applicable to the candidates, should be filled as “Not Applicable”]

MANAGEMENT SEAT (OTHER THAN NRI QUOTA)

1. Name of applicant
(in block letters, initial last) :
2. Sex :
3. Date of Birth in Christian Era :
4. Religion/Caste :
5. Nationality :
6. Name and occupation of parent / :
guardian and relationship
7. Address for communication :
(in block letters) with pin code
8. Permanent Address :
(in block letters) with pin code
9. Contact details
Email address of the applicant :
Telephone Nos :. Residence :.....
(with STD code) : Office :.....
: Mobile :.....
10. Details of qualifying examination : passed/ appeared

Name of Examination	
Board /University	
Register No. & Year of passing	
Name of Institution & State	

11. Marks secured in the qualifying examination :
(Attach self attested copy of mark list)

Course	Name of examination	Name of Council/Exam board	Year of passing	Marks Obtained					
				Physics		Chemistry		Biology	
Higher Secondary				Scored	Max	Scored	Max	Scored	Max
General Nursing and Midwifery				@ Grand Total		Fundamentals of Nursing		Community Nursing-II	
				Scored	Max	Scored	Max	Scored	Max

@ Total marks obtained in the entire course of Diploma in General Nursing & Midwifery

12. Choice of Nursing Colleges:
(SIMET College of Nursing Malampuzha/ Palluruthy/ Mangattuparamba)

1).....

2).....

3).....

13(a) Remittance of application fee of Rs 500/- Challan dtd

Name of the SBI branch:..... Branch code

13(b) Fee receipt obtained from SI-MET Directorate/ Nursing Colleges

Receipt No : Date : Amount Rs. 500/-

Institution : SI-MET Directorate/ Nursing College,

Declaration

- I here by declare that I have read the various clauses in the prospectus for admission to Post Basic BSc Nursing 2018 and the instructions carefully and I agree to abide by them.
- I also declare that all the statements in this application are true, complete and correct to the best of my knowledge and belief.

Signature of parent/guardian

Signature of applicant

Place :

Date :