

DM WIMS NURSING COLLEGE

(Naseera Nagar, Meppadi, 673577) Phone No: 04936-287070, Fax No: 04936-287287

 ${\bf Email: nursing college@dmwims.com, Web: \underline{www.dmwimsnursing college.com}}$

ADMISSION to B.Sc. NURSING COURSE for N.R.I. CATEGORY SEATS 2020-2021

Please	affix		
your	recent		
passport sized			
photograph			

Application No.:

1		e of the Applicant: SSLC Certificate)								
2	Age 8	Date of Birth:	Age	:	D	ate	Month		Year	
		ristian Era)								
3		er (Male / Female):		1 1		1				
J	Gena	er (Maie / Femaie).								
4	Religi	ion & Caste:								
5		e of the Parent/Guardian:					•			
6		l Address:								
		Pin Code)								
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		1								
7	_	hone Number:								
	_ `	STD Code)								
8	8 Mobile Number:									
9		il Address:								
1.0		re E-mail ID)		<u> </u>						
10	0 Details of Courses (S.S.L.C., Plus Two, Others):									
				_	,		Reg.	Marks/	Max.	No. of
	Std.	Name of the Institution A	ttended	Boar	rd	Year	No. of	Grade	Marks	Appea
							Final	Obtaine d		rances
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	XII									

	Other								
11	Gı	me and Address of ardian with N.R.I. atus:							
		lationship of Applicant th N.R.I. Guardian:							
12	Mark	s Obtained in Qualifying 1	Examin	ation (Pl	ıs Two/E	quivalent):			
		Subject			Marks Obtain (2 nd Ye	ed N	ax. Marks (2 nd Year)	% of] (2 nd }	Marks (ear)
	Part I – English								
	Part II – Additional Language								
	()					
	Part III – Optional Subjects								
		Physics							
	2.	Chemistry							
	3.	Biology							
		Total for Optional Sub	ojects						
Place Dat						S	ignature o	f the Ap	plicant

Details of the Application/Processing Fee enclosed:

	D.D. Number	Name of the Bank	Issuing Branch	Amount
I				1,000.00