



**UNITY**  
Health Complex  
*— expect life*

(Estd: 1978)



**APPLICATION FOR ADMISSION TO RESIDENTIAL TRAINING PROGRAM  
ON CRITICAL CARE NURSING.**

*Duration of the Course –1 Year*

*Eligibility –Pass in Diploma GNM/BSc (N)/P.C BSc (N)*

1. Name of the applicant :  
(In Block Letters)
2. Name of the Father/Guardian
3. Sex : Male/female
4. Date of Birth (as entered SSLC record)
5. Religion & Caste :
6. Marital Status :
7. Permanent Address :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel: \_\_\_\_\_
8. Temporary Address/Address for Correspondence :
9. Mother Tongue :
10. Nationality :
11. State of Domicile/State of Origin :
12. Languages known
 

Read	Write	Speak
13. Health Condition (specify in case of history of Chronic illness or Physical defect if any) :
14. Academic Particulars :

Exam Passed	Name of the Institution Studied	Name of the Board/University/Council	Year of Pass out	% of marks Obtained	Class obtained
SSLC					
PUC/PDC					
GNM/B.Sc (N)/ P.C.B.Sc (N)					
Others (Specify)					

15. Details of Registration with Nursing Councils

(Separate details to be given in case of Registration done in more than one state)

- Registration No -
- State -
- Date of Registration -

16. Membership to Professional Association (TNAI) : Yes /No

17. Details of working Experience if any :

Name of the Hospital	Position Held ( Design.)	Period of Service

18.copies of Documents to be enclosed with the application

- SSLC Marks Card
- PUC/PDC Marks Card
- Degree/Diploma Certificate
- Registration Certificate
- GNM/BSc/PCBSc Nursing Marks Card
- Medical Fitness Certificate from Registered Practitioner
- 2 Nos. Passport size color Photographs

DECLARATION:

I hereby declare that I have read and understood all the conditions/details regarding the admission to Residential Training Program on Critical Care Nursing, a Certificate Course of one year duration and hereby undertake to abide by all the terms & conditions, if my candidature is considered for the course.

I also declare that details furnished in the application by me are correct and true.

Place :

Signature of the Applicant

Date :

Signature of the Parent/Guardian