To be downloaded & pasted on the A 4 cloth lined cover

APPLICATION FORM FOR
M.Sc., NURSING COURSE
2012 – 2013 SESSION

(TICK √ THE RELEVANT COLUMN)

GENDER	MALE	FEMALE

SERVICE PARTICULARS	TN. Govt. SERVICE	NON SERVICE

COMMUNITY	OC	BC	BCM	MBC/ DNC	SC	SCA	ST

PHYSICALLY DISABLED	YES	NO

B.Sc., Nursing Studied at

…….

From :
(Candidate's Mailing Address)

Name :…..…….....
……..
……..
……..
……Pincode :……..
Phone/Mobile : ……

To.

The Secretary,
Selection Committee,
Directorate of Medical Education,
No. 162, Periyar E.V.R. High Road,
Kilpauk, Chennai – 600 010