



# ROJAVANAM PARAMEDICAL COLLEGE

## HEALTH INSPECTOR & AUXILIARY NURSE MIDWIFE COURSES

(Approved by Department of Public Health and Preventive Medicine,  
Govt. of Tamil Nadu) as per G.O. (M.S) No. 393 Dated : 08.11.2017

G.O. (M.S) No.162 Dated: 27.04.2018 & G.O.(M.S) No: 268 Dated 10.06.2019

**Admin Office** : No:41, Vellalar Colony West, Nagercoil - 629 001, Kanniyakumari District, Tamil Nadu.

**College** : 7-25D, Rojavanam Nagar, Puthugrammam, Ramavarmapuram, Nagercoil - 629 302, Kanniyakumari District, Tamil Nadu.

### ADMISSION APPLICATION FORM

Course Applied For :

1. Name of the Candidate  
(in BLOCK LETTERS) :

2. Name of the Father / Guardian :

3. Date of Birth :

4. Age as on 30.05.2020 :

5. Educational Qualification :

6. Name of the Institution last studied :

7. Year in which passed the (+2) Examination :

8. Religion :

9. Community (Tick the relevant box) :

SC	ST	BC	MBC	OBC	FC
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10. Permanent Residential Address  
of Candidate with E-mail I.D. :

PASSPORT  
SIZE  
PHOTO

11. Contact Number :

Candidate

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Father

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12. Whether needs Hostel  
Accommodation? : Yes / No

13. Whether the following Original Certificates attached?

A. Original 10<sup>th</sup> Mark Sheet : Yes / No

B. Original +2 Mark Sheet : Yes / No

C. Original Transfer certificate from the  
Institution last studied. : Yes / No

D. Original Medical Examination Report (Fitness) : Yes / No

**16. Whether 3 copies of the following certificates attested by Gazetted Officer attached?**

A. 10<sup>th</sup> Mark Sheet

B. +2 Mark Sheet : Yes / No

C. Transfer Certificate : Yes / No

D. Community Certificate : Yes / No

E. Income Certificate : Yes / No

F. Nativity Certificate : Yes / No

G. Aadhar ID : Yes / No

H. Voters ID : Yes / No

I. Family Card (Ration Card) : Yes / No

J. Whether three passport size photos of the candidate attached? : Yes / No

**DECLARATION BY THE CANDIDATE**

*I hereby declare that the above particulars provided by me are true and correct to the best of my knowledge and belief.*

Date :

Place :

*Signature of the  
Parent/Guardian*

*Signature of the  
Candidate*

**FOR OFFICE USE**

**Original Certificate attached**

10 <sup>th</sup> Mark Sheet	
+2 Marksheet	
Transfer Certificate	
Medical Certificate	

**Attested copies of Certificate attached**

10 <sup>th</sup> Mark Sheet	+2 Mark Sheet	TC	Community Certificate	Income Certificate	Nativity Certificate	Aadhar Id	Voters Id	Ration Card	Photo 3 copies

The details of the above student has been verified and registered in the board as on .....  
He is permitted to take up the above said course and to attend the Board examinations.

**Date of Admission :**

**Admission No :**

**Administrative Officer**

**Principal**  
(Signature with Office Seal)

**Chairman**