



Year of admission: 20 - 20 . Appl.No.:

GANGA INSTITUTE OF HEALTH SCIENCES,

GANGA COLLEGE OF NURSING

- B.Sc Nursing
 Post Basic B.Sc Nursing

GANGA SCHOOL OF NURSING

- General Diploma in Nursing

ALLIED HEALTH SCIENCE COURSES

- B.Sc Accident and Emergency Care Technology
 B.Sc Physician Assistant
 B.Sc Critical Care Technology
 B.Sc Radiography and Imaging Technology
 B.Sc Operation Theatre and Anaesthesia Technology
 B.Sc Medical Laboratory and Technology
 M.Sc Clinical and Nutrition

✓ (Please tick the appropriate box)

APPLICATION FORM

Name of Applicant : _____

(In Block Letters)

Name of the Father / Guardian: _____

Mother : _____

Mother Tongue: _____ Age: _____ Sex: _____ DOB: _____

Nationality: _____ Marital Status: Single Married

Religion /Community / Caste /: _____

Category: General BC MBC SC ST OTHERS

Languages Known: _____ To Speak: _____

To Write _____ To Read _____

Communication Address: _____

Permanent Address: _____

Phone No: _____ E Mail ID: _____

Passport No: _____ Aadhar Number: _____

Qualifying Examination Passed : _____

Sl. No.	Name of the Exam Passed (10 th , 12 th , degree)	Board / University	Passing Year	Percentage	Remark
1.					
2.					
3.					
4.					
5.					

School / College in which last studied: _____

School Head Master Name & Phone No: _____

Occupation of the Parent / Guardian: _____

India Abroad

Extra-Curricular Activities: _____

References: (Give Name & Address of 2 Persons)

Joint Declaration by the Applicant and Parent / Guardian

I _____ hereby affirm that the particulars given in the application are true and correct. If it is proved at any stage that there is any suppression, distortion or incorrect and false statement of particulars we hereby agree to be proceeded against legally, even leading to dismissal from the Institution/hostel.

Signature of the Parent / Guardian: _____

Signature of the Applicant: _____

Date: _____

Place: _____

FOR OFFICE USE

Application received on : _____ Eligible Not Eligible

Admission Approved on : _____ Selected Not Selected

Admitted on : Under open Category / Sponsored _____

Govt. Quota Management Quota

Certificate
Verified: 10th Std.
Mark Sheet

Community
Certificate

Transfer
Certificate

+1 & +2 Mark Sheet or
equivalent Certificate

Conduct
Certificate

Passport Size Photo
4 Nos.

Admitted in College:

(Name and Signature of
Staff Processed the Application)

Signature of the Principal

Ganga Institute of Health Sciences

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