

DOCUMENTS TO BE ATTACHED:

Required Document	Yes/No
Proof of admission letter/call letter issued by the institute. -----OR-----	
Annexure I-with institutes preference where student is seeking admission	
Annexure II- letter from colony leader stating the candidate is residing in the colony	
03 Passport size photographs	
Self attested Birth certificate/proof of age	
Self attested Mark sheets for 10 th & 12 th	
Self attested Leprosy Certificate of parent/s	

7. Date of Birth *(Please Enclose Age Proof)*

D	D		M	M		Y	Y	Y	Y

8. Details of Educational Qualification: 10th & 12th *(Please Enclose Certificates)*

Examination Passed	Board/Council	Main Subjects	Year of Passing	Percentage	Division
10th					
12th					

9. Name of the course you have been selected for. *(Attach admission letter/Call letter) else, fill the Annexure-I*

Name of the course	
Name of the institute	
Address of the institute	
Whether recognised by Indian Nursing Council (Yes/No)	

I..... (Name of the Applicant) hereby declare that to the best of my knowledge the above information furnished by me is true and I understand that if at any stage, it is found that the information provided by me is false/ not true, all the benefits given to me under “Nursing Scholarship for girls” could be withdrawn.

Date:

Signature:

ANNEXURE I

I.....daughter of.....residing
in.....colony, want to pursue
..... In academic year 2017-18.
I will be taking the following Entrance Examination for admission into
.....(Name of the course);

1. (Name & address of the
institute)
2. (Name & address of the
institute)
3. (Name & address of the
institute)

ANNEXURE II

Declaration Form (To be filled up by the Colony Leader)

I..... (Name of the colony
leader) hereby certify that Miss.....
has been residing in this colony.....(Name
of the Colony) and her parent/parents.....(Name
of the parent/parents) is/are affected by leprosy.

I certify that, to the best of my knowledge, the information provided by the
candidate is true. I recommend her for SILF's Nursing Scholarship for girls
Programme.

Date:

Signature: