B Sc NURSING NRI ADMISSION 2026

NRI കോട്ടയിൽ വരുന്നവർ കൊണ്ടുവരേണ്ട സർട്ടിഫിക്കറ്റുകളുടെ വിവരങ്ങൾ

1. Allotment Memo from college website.
2. Online Application Form.
3. Original Certificate of SSLC /10thStd.
4. Original Certificate and/or Mark list of qualifying examination (Plus Two/12th Std.).
5. Original Transfer Certificate (T.C.).
6. Original 12th Migration Certificate.
7. Original Course & Conduct Certificate from institution last attended.
8. Community/Caste Certificate issued by the Revenue Authorities.
9. Nativity Certificate, if applicable.
10. Proof of Date of Birth, if applicable
11. Certificate of Medical Fitness from an authorized Medical Officer with MBBS or higher qualification certifying that the candidate is fit to undergo the course.
12. Anti Ragging Certificate from the Principal of previous school (Format attached)
13. Two self-attested photo copies of AADHAR of the applicant.
14. Certificate showing the applicant taken Vaccination against Hepatitis B.
15. EIGHT Passport size copies of Colour Photograph with white background.
16. Passport copy of the sponsor [both front page and back page] with duly attested by the concerned Indian embassy
17. Copy of Valid Visa/Green Card/OCI Documents of their respective sponsors with Indian embassy attestation. The validity of visa must be mentioned in the document. The visa of the sponsor should be valid till the closing date of admission. Equivalent documents indicating visa validity, such as Civil ID, Resident Permit, Resident ID, IQAMA, Electronic Visa may be considered.
18. Employment certificate from the employer duly attested by the concerned embassy.
19. (A) In case the sponsor is in India - An affidavit/declaration by the NRI relative. The Candidate shall produce the sworn affidavit from the sponsor in a stamp paper worth Rs. 200/-. The same shall also be notarized by the Notary Public, disclosing that the student is dependent of the sponsor and the all expenses i.e. tuition fee and special fee, of the candidate for the entire course period will be borne by the sponsor.

    (B) In case the sponsor is abroad – the sworn affidavit shall be attested by the concerned Indian embassy.
20. Relationship Certificate to be issued by the Revenue Authorities to prove the relationship between the candidate & the NRI relative as per GO (MS) No.243/2014/H&FWD dated 06.08.2014

മേൽ പറഞ്ഞ 20 ഡോക്യൂമെന്റിന്റെയും ഒർജിനൽ, ഈ ക്രമത്തിൽ അടുക്കി കൊണ്ടുവരണം. അതുപോലെ ക്രമ നമ്പർ 1 മുതൽ 11 വരെയും, ക്രമ നമ്പർ 16 മുതൽ 20 വരെയും വരെയുള്ള സർട്ടിഫിക്കറ്റുകളുടെയും 2 സെറ്റ് കോപ്പിയും കൊണ്ട് വരേണ്ടത് ആണ്).

A. സർട്ടിഫിക്കറ്റുകൾ കോഴ്സ് കഴിയുവരെ സൂക്ഷിക്കുന്നതിനാൽ സർട്ടിഫിക്കറ്റുകളുടെ extra കോപ്പികൾ നിങ്ങളുമട കൈവശം സൂക്ഷിക്കേണ്ടതുമാണ്.
B. Allotment Memo-യും Application form-ഉം applicant login portal-ൽ നിന്നു കിട്ടും.

കോളേജിൽ അഡ്മിഷന് വരുമ്പോൾ Rs.1,28,480/- രൂപ DD ആയി കൊണ്ടുവരേണ്ടത്. മേല്പറഞ്ഞ ഫീസ് താഴെ പറയുന്ന **പേരിൽ ഡിമാൻഡ് ഡ്രാഫ്റ്റ് (Demand Draft (DD))** ആയി മാത്രമേ സ്വീകരിക്കത്തുള്ളു.

College fee payment of Rs. 1,28,480/- (Tuition Fees – Rs. 1,04,500/- & Special Fees – Rs. 23,980/-) has been made by Demand Draft (DD) in favour of "*Mar Sleeva College of Nursing, Palai", payable at Palai.*

Please note that fee payments will not be accepted in cash. Payments should be made through the prescribed mode, such as a Demand Draft (DD).

- **FORMAT FOR ANTI RAGGING CERTIFICATE**

To whomsoever it may concern

This is to certify that Mr/Ms……. a student of this institution has not been involved in any ragging.

Seal **Principal**

- **FORMAT FOR PHYSICAL FITNESS CERTIFICATE**

PHYSICAL FITNESS CERTIFICATE

FOR ADMISSION TO PROFESSIONAL DEGREE COURSES

(***To be filled up by a Medical Practitioner not below the rank of Asst. Surgeon***)

I, Dr. ……after careful personal examination of the case do here by certify that Sri/Kum ……whose signature is given above is found physically fit and suitable to undergo Professional Degree courses in B.Sc. Nursing/ B.Sc. MLT/ B.Sc. Perfusion Technology/ B.Sc. Optometry/ B.P.T/ B.A.S.L.P/ B.C.V.T/ B.Sc. MRT/ B.Sc. Dialysis Technology/B.Sc. RTT/ BMIT/ BNT(*Add course which is applicable /Strike out which is not Applicable).*

His/her height……., weight……., chest.....and vision

……

Signature :

Name :

Place : Reg.No. :

Date : Designation :

(Office Seal)