

**HEALTH & FAMILY WELFARE (C) DEPARTMENT**  
GOVERNMENT SECRETARIAT, THIRUVANANTHAPURAM

**Application for Enhancement of seats**

1.	Name of the College	
2.	Full Address with telephone no. and email id	
3.	Name of course	
4.	No. of seats	
5.	Whether facilities available for enhanced seats	
6.	Whether chalan of application fee enclosed	

The above particulars are true to the best of my knowledge, information and belief, and if anything is found inconsistent with the above, the undersigned shall be liable for being proceeded against as Government seem fit.

Place:

(Seal)

Signature with Name,  
Designation and  
Full Address

Date:

**INSTRUCTIONS**

1. Application for revalidation of NOC for starting Nursing College should be submitted in duplicate.
  2. Receipt of remittance of the prescribed fee in the Bank Account in favour of H&FW(C) Department, should be submitted along with the application form, towards application Fee.
  3. Incomplete applications will not be entertained.
  4. Supporting documents to prove the details furnished in the application form should be submitted along with the application form.
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