

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

**Application for NOC for Starting Nursing Courses**

1.	Name of the Proposed College	
2.	Full Address with telephone no. and email id	
3.	Course to which sanction is sought for	
4.	Infrastructure facilities i) Land in Possession & Ownership with Survey No. ii) Building ( in sq ft) iii) Hostel Building (sq ft) iv) Library	
5.	Facilities of Parent Hospital i) Distance between Hospital & College ii) Total No. of beds iii) Specialities iv) Whether clinical practice of students can be met	
6.	Whether chalan of application fee enclosed and if so details thereof	

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 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.