

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

**Application for LOP for starting Nursing courses**

1.	Name of the College	
2.	Full Address with telephone no. and email-id	
3.	Name of course	
4.	G.O.No. of NOC (enclose copies)	
5.	Approval of INC with no. of seats (enclose copies)	
6.	Approval of KNMC with no. of seats (enclose copies)	
7.	Approval of KUHS with no. of seats (enclose copies)	
8.	Whether willing to execute Agreement with Government regarding Admission and Fees	
9.	Whether Interest Free Refundable Deposit paid, if so furnish details	

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 Interest Free Refundable Deposit remitted 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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