



DEPARTMENT OF HEALTH

Date: -----

LIMPOPO COLLEGE OF NURSING

Signature of Applicant-----

APPLICATION FOR ADMISSION 2024- DIPLOMA IN NURSING: GENERAL (R.171 OF 8 MARCH 2013)

APPLICATION FO	AFFEICATION FOR ADMISSION 2024- DIPLOMA IN NORSING: GENERAL (R.171 OF 8 MARCH 2013)																								
A: PEI	RSON	NAL	INF	ORN	ИАТ	ION	l (Pl	LEAS	SE P	rint)														
*(Certified copy of I.D. and Marriage Certificate must be attached)																									
A.1 Surname													T						Γ	T	T				
Maiden Name		1						ī	T	Γ	T	T	T	_	T	T-	T	T	T-		_				
(If Applicable)					_							_			<u> </u>		<u> </u>	\perp	\perp	1	_	_	<u> </u>		\perp
A.2 Names																									
A.3 Identity No	A.3 Identity No Date of birth															h:	Τ	. [T		T				
A.4 Are you a South African Citizen YES NO A.5 Gender														_	Male			Female							
A.6 Have you been co	A.6 Have you been convicted of criminal offence?															YES			NO						
A.7 Is there any crimin	nal ch	arge	s pen	ding a	gains	st you	u?														YES	;		NO	
A.8 Do you have a dis	A.8 Do you have a disability?															YES		NO							
A.9 Did you include a postal order															YES		NO								
A.10 Postal order number																									
B: HOW DO WE CONTACT YOU																									
B1: Residential Address B2: District :																									
Local Municipality																									
4												Jai IVI	urncış	Janly_											
Code	_		,																						
B:3 Name of Relative											Τ,														
Name of Relative			Tel No.											+	+	+	-	-	+	-					
Applicant's telephone n	10.	Tel No.												1		+	+	+	1						
Email address C: ACADEMIC DATA (Certified proof must be attached)																									
C:		A	CAL	EM	IC D	ATA	A (C	ertif	ied p	roo	f mu	st be	atta	ache	d)					12.18					
C.1 Have you passed grade 12 with an exemption or bachelor's degree? C.2 In which year did you pass Grade 12?														Y	YES			NO							
C.3 Do you have any post matric qualification?														YI	YES		NO	NO							
C 4 Indicate the qualificate C5 Are you currently in	ation t	ype e	e.g. B	achel ng wi	or de th an	aree y ins	or Na	ationa on of h	l Dipl	oma lear	nina							-		Y	ES	+	NO		
C6 Indicate the name																				YI	ES		NC	NO	
D :	DE	CLA	ARA'	ΓΙΟΙ	٧								70%		A TOUR					1930					
	1000	27			8453									9 436		200. 000									
I declare that the above information supplied by	partion me co	culars ould le	and ead to	inforr imm	natio ediate	n giv	en w qualif	ith my ficatio	/ appl n.	icati	on is	comp	leted	and	true,	and t	hat I a	am av	ware	that a	any p	urpos	eful w	ithhold	ling of