ANNEXURE – I

To whosoever it may concern

Person of Indian Origin employed / residing at
(Here enter the details of foreign employment or
Residence). My passport No. is
I further declare that Shri / Kumari.
(name of applicant) who is seeking admission to B. Sc. Nursing course
(2020-2021) in Thiruhrudaya College of Nursing, Kottayam against NRI
category is my
(specify the Relationship with the applicant) and that I shall pay all the
prescribed fees for the course of study in the college.
Signature of NRI Relative:
Name:
Address:
Place:
Date