



Sukrutha Vidya Samsthe (R)

PRAGATHI INSTITUTE OF NURSING

33, Byrathi Extension, Near Ebenezer Hospital, Hennur Bagalur Main Road,
Kothanur Post, Bangalore - 560 077.

Application Number	
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Space for
PHOTO

APPLICATION FOR ADMISSION TO GENERAL NURSING FOR THE YEAR 20 -20

1. Name of the Candidate (BLOCK LETTERS)				
2. Father Name				
3. Name of the guardian and relationship if the father is not alive				
4. Permanent address of the candidate (BLOCK LETTERS)				
Phone No: (Resi)				
5. Permanent address of Local Guardian (BLOCK LETTERS)				
Phone No.				
6. Occupation of Father/Guardian				
7. Annual Income of Father / Guardian				
8. Date of Birth (in Christian era)				
9. Age				
10. Nationality				
a) Religion				
b) Caste				
c) State of Domicile				
d) Mother Tongue				
e) Languages which you can read, write & speak				
11. a) Names & addresses of two responsible persons who can vouch for the candidates character				
b) Name & address of the Principal of the institution where he/she studied last				
12. Educational Qualification:				
	Register No.	Month & Year of Passing	% of marks obtained	Name of the Board / University
S.S.L.C. / Equivalent				
P.U.C / Equivalent				
13. Name of the institution last studied				

14. a) Have you suffered from any serious illness in the past	Yes / No
b) If so what were you suffering from	
c) Have you undergone any surgery	Yes / No
d) If yes, what is the nature of Surgery	

DECLARATION BY THE CANDIDATE

I wish to apply for admission to **GNM** and declare that I have filled the form myself and to the best of my knowledge and belief, the above particulars are true.

I have gone through the instructions carefully and agree to abide by all the conditions. I will do nothing unworthy of a student of the institute either inside or outside or anything that will interfere with its orderly working and discipline. I am aware that the management has the full authority to expel me for disinterest in studies, misbehaviour and continuous failures.

Place :
Date :

Signature of the Candidate

DECLARATION BY THE PARENT / GUARDIAN

I hereby declare that I have known the financial obligation and I can afford to pay all the tuition and other fees payable to the institution under the rules framed from time to time by the Management of the institute.

The statements made and information furnished in this application by my daughter / son are to the best of my knowledge and belief.

NOTE : If a student discontinues studies any time during the course he / she liable to pay fee for the whole course. Any amount / fee etc., paid to the institute will not be refundable under any circumstances.

Place :
Date :

Signature of the Parent / Guardian

ENCLOSURES:

1. Marks Card of qualifying examination (SSLC / PUC)*
2. Transfer certificate
3. Migration Certificate from the Board / University
4. Character and Conduct certificate from the institution attended.
5. Certificate in proof of Date of Birth
6. Eligibility certificate from the KSDNEB*
7. Clearance certificate from New Delhi* (Ministry of health & Family Welfare)
8. Student Visa *
9. Passport copy*
10. Physical fitness certificate to be enclosed by not less than the rank of an Assistant Surgeon or Higher
11. Caste certificate (for SC / ST)
12. 3 copies of recent passport size photo. (Item No:* 7,8 & 9 apply to foreign student only)

Note :
 * Originals of the above shall be delivered at the time of admission, which the provisional admission is not complete
 * Admission is guaranteed subjected to the producing of all certificates required as per rules and also the final approval of the KSDNEFB, Bangalore

FOR OFFICE USE ONLY

The application Sri/Smt/Kumhas been given provisional admission to the General Nursing Course for the academic year 20 - 20

.....his/her statement of marks of S.S.L.C. / P.U.C/Degree has been verified and found correct.....

Fee paid vide Receipt No.Date.....

Registration No.....

Checked by

Principal

REMARKS