

SRI BASAVARAJA SWAMY COLLEGE OF NURSING

1st Cross, Lavakusha Nagar, L.G. Ramanna Extn., Laggere Block No.30, Bangalore-560 058

(Affiliated to Rajiv Gandhi University of Health Sciences & Approved KNC and INC)

Application Form for Admission to 4 years B.Sc. Nursing Course

Note: 1.	Please make sure that you have read the announcement and you are eligible
	to apply before sending the application. Incomplete application will be rejected.

- 2. This form should be filled in legibly or type written.
- 3. Insert NIL if there is no answer to a question.

	4. In case of any cancellation of seat no amount will be refunded back.			
1.	Name in full (As in records)	in Cerkidente to prove age		
2.	Permanent Address	c) Physical fluces Certificate from a		
		d) Conduct Cartificates from two persons of regulation		
3.	Present Address	: axis image and indepting out to		
	(Include the telegraph telephone no. if any	Transfer Certificate trop the Last instructor		
4.	Place of Birth	VE HOTEARATORG		
5.	Date of Birth	Sevan ar not ends ballin over 1 sails once an ener 1 '		
6.	Sex	in the second credit credit could be a		
7.	Father's Name & Annual Income	odskeno ses na pa sonje of telefronde ya spel 1) boombo dag sel milisoral yang iladis beort belo		
8.	State whether Parents are alive/not	ontene redno systico sele lor idample o lo que resque est tentracoso mo il sedifica ella bosa additiva si relaci		
9.	Name, Address and Occupation of legal Guardian	interes to a retrailed and solution of the less than a start and solution of the less than a start and the less than a sta		
10.	(i) Religion			
	(ii) Caste-also specify SC / ST	· ·		
11.	Are you Single / Married / Widow	Date . Countries translations of the Papert & D		
12.	Have you any Children			
13.	Highest Education Qualification			
14.	Professional Qualification if any	· Steeledgest states along the		
15.	Year of Passing P.D.U./P.U.C. (Indicate group and % of marks obtained)	031190'H03		
16.	Physical Characteristics (Include Ht., Weight, Identification Marks)	Samuel of the Caracherine and to seried :		
17.	Mention your Hobbies			
18.	What all language you Speak/Read/Write	: Selebies for virgos s		

19.	What illness you had so for	Los Maria Cross Los Amelia Nagor, Li
20.	Tel. No. If any	Homes (USAN) MOOR (USAN) A Company of the Company o
21.	What are you doing at present) filt bevorage is
22.	What additional information you got to give	uta san buor sen nov redi sun sann seesti. Il — san
23.	Please enclose the following Certificates	a egyr ac yldrgal zo bollar ed Etapate, mast, atril co. 2 eco.
	a) Xerox copy of the marks in P.D.C. / P.U.C./ H.Sc. Exam	colleges to at rewards on all states if the mean of the countries on the 2 march all states of the countries
	b) Certificate to prove age (S.S.L.C. Marks Card)	Lethioun of and But of small .
	c) Physical fitness Certificate from a Medical Graduate	eenhoA menkimest . V
	d) Conduct Certificates from two persons of reputation	:
	e) Two attested passport size Photograph	' seastbh inseart &
	f) Transfer Certificate from the Last Institution	telephone no. il any :
	DECLARATION I	BY THE CANDIDATE
	I here by state that I have filled this form my ticulars given above are true.	yself and to the best of my knowledge and belief, the
unv	o those which may hereafter be introduced worthy of a student of the college either in	itions, rules and regulations in force at present and for administration of the college. I will do nothing side or outside or anything that interfere with its the management has the full authority to expel me tinuous failures.
den	I here by undertake that I shall pay all the nand.	fees and other dues to the Institution promptly on
Plac	ce:	
Dat	e : Countersigned Signature of the Parent ,	Guardian Guardian
Sign	nature of the Applicant	
	FOR OFFI	CE USE ONLY
Nan	ne of the Candidate	Regn. No
App	lication accepted/rejected	(zányk nosujakterák) riektó (is elektó).
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