P.G. SCHOOL OF NURSING

Plot # CA 6(P), B. Katehalli, Industrial Area, Hassan-573201.

APPILICATION FOR ADMISSION TO GNM COURSE

Last Date for sub	mission					
No.						Affix Passport size Photograph
READ CAREFUL BEFORE FILLIN			ONS			
APPLICATION S	SHOULD I	BE FILLED B	Y THE STU	DENT IN	OWN HANDWR	ITING
Name of full (in I	Block letter	rs)				
Sex: Male / Fema	le ——					
Name of the Father / GuardianOccupation						
Date of Birth			State			
Marital Status						
Permanent Addre	ss					
Present Address						
Emergency Contact: Name: - Phone						
		EDUCATI	ONAL QU	ALIFICAT	TION	
Examination	Year of Passing	Medium of Instruction	Maximum Marks	Marks secured	Total Percenta	age
1. S.S.L.C						
2. Pre-University						
3.Any other Oualification						

Note: Xerox Copies of qualifying Examination and certificates showing date of Birth

Reference:	Give below name and address and phone No of two other than relative to whom a reference can be made				
	1.				
	2.				
Extra- Curricular activities: -					
Proficiency in sports and Games					
Social service/Cultural					
Any other Activities					
DECLARITION					
I hereby agree to take full responsibility for all the facts furnished in this document and confirm that to the best of my knowledge and understanding they are correct and true. In the event that any information provided by me on and along with this form is found to be untruthful or incorrect. I understand that I am liable to be expelled from the institution. I further certify that I have obtained permission from my parents to accept a seat in your institution, if it is offered to me. I agree by the Rules and Regulations of the Institution and the hostel. I am also fully aware of the fact fees once paid cannot be refunded at any circumstances.					
Signature of	f the Parents/Guardian S	ignature of the Candidate.			
Place:					
Date:					
For Office use only:					
Register No	0.				
Date of Receipt:					
Date of Admission:					
		Principal			