



# NIGHTINGALE SCHOOL OF NURSING

Binnyston Garden, Magadi Road, Bangalore-23.

(Affiliated to Rajiva Gandhi University of Health Sciences &  
Approved by KNC & INC)

## Application Form for Admission to 3<sup>1/2</sup> years GNM 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 ) :

2. Permanent Address. :

3. Present Address :  
(Include the telegraph  
telephone no. If any)

4. Place of Birth. :

5. Date of Birth. :

6. Sex. :

7. Father's Name & Annual Income. :

8. State whether Parents are alive / not :

9. Name, Address and Occupation of  
legal Guardian. :

10. i) Religion. :  
ii) Caste – also specify SC / ST. :

11. Are you Single / Married / Widow :

12. Have you any Children :

13. Highest education Qualification :

14. Professional Qualification if any :

15. Year of Passing P.D.U./ P.U.C :

16. Physical Characters tics :

17. Mention your Hobbies :

18. What all languages you speak / Read / Write :  
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19. What illness you had so far :

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20. What are you doing at present? :

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21. What additional information you got to give :

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22. Please enclose the following Certificates

a) Xerox copy of the marks in P.D.C / P.U.C / H.Sc. Exam :

b) Certificate to prove age (S.S.L.C. Marks. Card) :

c) Physical Fitness certificate from a Medical Graduate :

d) Conduct Certificates :

e) Three passport size photo :

f) Transfer Certificate from the Last Institution :

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#### DECLARATION BY THE CANDIDATE

I here by state that I have filled this form myself and to the best of my knowledge and behalf, the particulars given above are true.

I hereby undertake to abide by all the conditions, rules and regulations in force at present and also those which may hereafter be introduced for administration of the college. I will do nothing unworthy of a student of the college either inside or outside or anything that interfere with its orderly working and discipline. I am aware that the management has full authority to expel me for disinterest in studies, misbehavior and continues failures.

I here by undertake that I shall pay all the fees and other dues to the Institution promptly on demand.

Place:

Date: Countersigned Signature of the Parent / Guardian

Signature of the Applicant

#### FOR OFFICE USE ONLY

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Name of the Candidate \_\_\_\_\_

Regn. No. \_\_\_\_\_

Application accepted / rejected

Interview card sent on

Interview on \_\_\_\_\_

Selected / not selected

**Principal**