



Jai Sri Gudev
Sri Adichunchanagiri Shikshana Trust[®]
SRI KALABYRAVESHWARA SWAMY COLLEGE OF NURSING
SRI ADICHUNCHANAGIRI SHIKSHANA TRUST (R)

Application form for admission for the Year

*Note : Please read the Instructions carefully before filling up the form.
Incomplete application will be rejected*

Date

Sl.No. 001

Course Opted : Specialisation :

1. Name of the Applicant (In Block Letters) as entered in the S.S.L.C./10 th Standard Certificate	Mr / Ms																												
2. Name of the Father																													
3. Aadhar Card No																													
4. Parents Contact Number & E-mail ID	Mob :																												
5. Name of the Mother																													
6. a) Occupation of father / guardian and official address b) Annual Income of their / guardian (in case of married women, husband's occupation and income may be given)																													
7. Place of Birth	Town : Blood Group :																												
8. Date of Birth	In Figures In Words																												
9. Contact Postal Address in Block Letters																													
Mail ID :	Mob :																												
10. Nationality : Religion :	Caste :																												
11. Name of the School / College last studied																													
12. Proficiency in Co-curricular activities (to be supported by the certificate)																													
13. Educational Qualification																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Sl. No.</th> <th>Course</th> <th>Name of the Board</th> <th>Reg. No. Month & Year</th> <th>Subject Studied (including language)</th> <th>Marks awarded and the Max Marks</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>S.S.L.C</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td>PUC (IInd Year)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td>Degree</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Sl. No.	Course	Name of the Board	Reg. No. Month & Year	Subject Studied (including language)	Marks awarded and the Max Marks	Percentage	1.	S.S.L.C						2.	PUC (IInd Year)						3.	Degree						
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14. Previous Experience																													

1. How did you come to know about this College?

Magazine T.V. Friends Relatives Newspaper (please Name _____)
 Internet (please Name _____) Others _____

2. Following original documents enclosed.

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

Note : All admissions are provisional and subject to approval of respective University. Originals of the above shall be submitted at the time of admission, without which the admission is not complete.

Place :

Date :

Signature of the candidate

DECLARATION

3. I declare that the above statements to be true and correct to the best of my personal knowledge. I further certify that I have obtained my parents/guardians consent to accept a seat a in your college. If it is offered to me, I agree to abide with the rules and conditions of the Training College & Hospital.

Place :

Date :

Signature of the candidate

4. I shall be responsible for the payment of all fees. I shall also stand responsible for the conduct and good behaviour of my daughter / son during the period of his/her stay in the college. I understand that student may be asked to leave the college at any time for misbehaviour and irregular attendance. I promise to attend the parents council meeting to be held in the college and co-operate with the Principal for the welfare of my son / daughter.

Place :

Date :

Signature of the Parent / Guardian

Please note that this is AN APPLICATION FOR ADMISSION. It does not guarantee admission. The Selection committee will make admission on the prescribed rules and regulations.

FOR OFFICE USE ONLY

Appl.No	Category/Caste	Degree	Combination	% of Marks	University	Subjects Offered	Remarks
Date of Interview :		Results of Interview :		Remarks			
Regn. No. & Date		Admission No. & Date					

Signature of the Principal

SRI KALABYRAVESHWARA SWAMY COLLEGE OF NURSING

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E-mail: skn@skn.edu | www.skncollegeofnursing.com
Tel: 088-2316 5220

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