

BANGALORE CITY COLLEGE OF NURSING

Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore
APPROVED BY THE GOVT. OF KARNATAKA &
Karnataka Nursing Council & Indian Nursing Council

APPLICATION FORM FOR BASIC B.Sc. NURSING

1. Name of the Candidate -----
(In Block Letters)
2. Father's / Guardian's Name:-
3. Father's / Guardian's Occupation:-.....
4. Father's / Guardian's Income :-.....
5. Sex:-..... **PHOTO**
6. Postal Address for Communication
-
- Phone: STD.Code.-
7. Permanent Address:-
.....
- Phone:-
8. Local Guardian's Address:-
.....
- Phone:-
9. a. Date of Birth-----
b. Place of Birth-----
10. Year of Passing PUC/ Equivalent:-.....
11. a. Marks obtained in II P.U.C. / Equivalent:

	Max	obtained
Physics	-----	-----
Chemistry:	-----	-----
Biology	-----	-----
b. Total Percentage in PCB Total	-----	-----
12. a. Religion ----- b. Cast-----
13. a. Nationality: ----- b. Domicile status-----

DECLARATION BY THE APPLICANT AND PARENT / GUARDIAN

Dear Sir,

I have gone through the College Prospectus, do here by promise to abide by all rules and regulations now in force and those to be made from time to time. I know that the fee paid by me is not refundable, transferable or adjustable to other parts or subjects. I request you to admit me as one of the student of Bangalore City Group of Institutions.

Signature of Parent/ Guardian

Signature of Applicant

(MEDICAL EXMINATION)

Height -----Weight ----- Sight: -----Teeth: -----

Lungs----- Vaccinated -----Hearings-----Blood Group-----

Weather the Candidate has suffered from any of the following:

- (a). T.B. ----- (b). Rheumatic Fever -----
- (c). Mental/Nervous Disorder----- (d) Varicose Veins-----
- (e). Rheumatism ----- (f) Cardiac Disease-----
- (g) Gynecological abnormalities----- (h) Dental -----

ALLERGIC TO:

REMARKS:

This is to certify that, I have examined Mr. /Miss. ----- and that He / She does not have any disease constitutional weakness or bodily infirmity in her/him. I consider her/ him to be fit to undergo the above mentioned course.

Date-----

Place-----

Seal & Signature
of Medical Practitioner

Reg.No.

FOR OFFICE USE ONLY

Provisionally admitted to the above Course from the Academic year 200 -200

Admission No.

Date of Admission:

Verified Original Certificates
10th Marks Card
PUC/PDC/+2 Marks Sheet
Transfer Certificate
Migration Certificate
Certificate Conduct

Secretary

Principal