

BANGALORE CITY SCHOOL OF NURSING

APPROVED BY THE GOVT. OF KARNATAKA &
Karnataka Nursing Council & Indian Nursing Council

APPLICATION FORM GENERAL NURSING & MIDWIFERY

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. a. Date of Birth-----
b. Place of Birth-----
9. Year of Passing PUC/ Equivalent: -----
- 10 a. Higher Examination passed 1. Regd. No-----
b. Medium of Instruction in PUC/PDC 2. Month & Year-----
Or equivalent Examination 3. Maximum Marks-----
4. Marks Obtained-----
- b. Total Percentage in PCB -----
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