



SWETHA GROUP OF NURSING

Recognized by the Government of Karnataka-Bangalore and
Approved by KNC & INC New Delhi
#61, Janapriya Township, Off.Magadi Main Road, Kadabagere Cross
Byandahalli, Bangalore-562130

| | | | | |
|--|------|---------------------------------------|------|--------------|
| No: | | APPLICATION FORM FOR ADMISSION | | Photo |
| <input type="checkbox"/> G.N.M <input type="checkbox"/> B.Sc <input type="checkbox"/> P.B.B.Sc <input type="checkbox"/> M.Sc <input type="checkbox"/> D. Pharmacy | | | | |
| 1. Full Name of the Applicant (As per SSLC Marks Card) | | | | |
| 2. Father's Name | | | | |
| 3. Mother's Name | | | | |
| 4. Aadhaar Number | | | | |
| 5. Age and Date of Birth | | | | |
| 6. Nationality | | | | |
| 7. Place of Birth & State | | | | |
| 8. Gender | | | | |
| 9. Blood Group | | | | |
| 10. Whether belongs to SC/ST/BC or any other Reserved Category: Yes/No | | | | |
| 11. Religion & Caste | | | | |
| 12. Mother Tongue | | | | |
| 13. Occupation of Parent / Guardian | | | | |
| 14. Annual Income of Parents / Guardian | | | | |
| 15. Local Address of applicant | | Permanent Address of applicant | | |
| Mobile : | Pin: | Mobile : | Pin: | |
| 15. Name of the School/College last attended | | | | |
| 16. Qualifying Exam Passed with Percentage | | | | |
| 17. Month & Year of Passing | | | | |
| 18. Number of Attempts | | | | |
| 19. Register number in the Qualifying Exam Passed | | | | |

DECLARATION BY THE CANDIDATE

1. If I am admitted to the Institution, I agree to abide by the rules and regulations which are in force and which may be framed from time to time in respect of admission to the College / Institution and hostel.
2. I hereby promise that during the period of my stay in the institute / college, I will not do anything which is unbecoming of a student of the college or an inmate of the hostel, either inside or outside and that I will not do anything that comes in the way of its orderly and smooth working, and discipline.
3. I agree to abide by the rule that I may be expelled from the Institution for misconduct, lack of interest in studies, misbehaviour indiscipline or continuous failure in the examinations.
4. I agree to the condition that in case any information furnished in the application is found to be false, this application for admission may be cancelled and the fees paid may be forfeited.
5. I agree to stay in the hostel for full term of the course.

Date :

Place :

Signature of the Candidate

Name:

DECLARATION BY THE PARENT / GUARDIAN

I declare that I am fully aware of the financial obligations of admitting my ward into the Institution and that I can afford to pay all the costs and the prescribed fees to the institution under the rules framed by the Management from time to time. I also own responsibilities for all particulars mentioned in the application by my son/daughter/ward Mr./Miss..... I hereby agree to pay all the fees and breakage charges, if any, of my ward, I also agree that the fees which is paid towards my son/daughter is not refundable under any circumstance. I shall be answerable and responsible for the conduct/character and behaviour of my ward, during his / her stay in the institute. Moreover, I hereby accept the decision of the Principal, in respect of my ward in all matters relating to disciplines and attendance as binding on me.

Date:

Place:

Signature of Parent/Guardian

Name:

FOR OFFICE USE ONLY

Provisionally admitted to..... course from the Academic year 20---- 20

Admission No.:

Date of Admission:

10th Marks Card

PUC/PDC/+ 2 Marks Sheet

Transfer Certificate

Migration Certificate

Conduct Certificate

Passport size Photos

G.N.M Marks Cards

Nursing Registration

Diploma Certificate

Degree Certificate/PDC

Experience Certificate

Secretary

Principal