



APPLICATION FOR ADMISSION TO
BSC NURSING COURSE

St. Lords Educational Trust (R)

SRI SOUBHAGYA LALITHA COLLEGE OF NURSING

Recognised by Govt. of Karnataka & Approved by
KNC 102: 2008-09 INC No. INC/18-15/4896

**HEAD OFFICE : Near Radhakrishna High School, Gutte Srinagar, Bangalore - 50.
19/1, 19th Cross, 3rd Main Road, Bhuvaneshwarinagar, Bangalore - 560 023.
Phone : 080-26744240 Mobile : 9886170470
E-mail: info@shreebhavaniinstitutes.com
Website : www.shreebhavaniinstitutes.com**



Sl. No.

Date.....

1. Name of the Candidate
(in block letters)

2. a) Name of the Father / Guardian
b) Occupation of Parent / Guardian
c) Annual income of the Parent / Guardian

3. Date of Birth and Place of Birth

4. a) Sex Male / Female
b) Marital Status

5. Whether the candidate belongs to
Karnataka/Non-Karnataka (Mention the State)

6. a) Nationality, Religion & Caste
b) Whether the candidate belongs to
(Certificate should be enclosed)

i) S.C.	vii) Group D
ii) S.T.	viii) Group E
iii) Group A	ix) Handicapped
iv) Group B	x) General
v) Group C	

7. Mother Tongue

8. a) Highest Examination Passed
b) Medium of Instruction in PUC/PDC
c) Give details of passing PUC/PDC
or equivalent examination

i) Reg. No.....
ii) Month & Year.....
iii) Maximum Marks.....
iv) Marks obtained.....
v) Percentage.....

9. Address Permanent Address Correspondence Address

DECLARATION

I declare that above statements to be true & correct to the best of my knowledge and belief. I further certify that I have obtained permission from my parents to accept a seat in your institution, if it is offered to me. I agree to abide by the rules & regulations of the institution & Hostel.

.....
Signature of Parents / Guardian

Place :

Date :

.....
Signature of Candidate

IMPORTANT INSTRUCTIONS

List of Documents to be Attached :

- 1) A xerox copy of S. S. L. C./Matriculation/P.U.C./P.D.C./any other educational certificate with the marks list (Copies of Originals)
- 2) Character certificate attested by Head of School/College/Institution or gazetted officer
- 3) Five copies of recent Passport size photograph
- 4) Self-addressed Post Cover.

MEDICAL CERTIFICATE

(to be certified by a recognised practitioner)

Height :

Weight :

Sight :

Hearing :

Condition of :

Heart :

Lungs :

Teeth :

Whether the candidate has suffered from any of the following :

a) Tuberculosis

b) Rheumatic Fever

c) Rheumatism

d) Cardiac diseases

e) Varicose Veins

f) Mental or Nervous disorders

Remarks :

I certify that I have examined.....

and that I cannot discover any disease, constitutional weakness or bodily infirmity in him or her. I consider him/her to be fit to undergo training in admitted to Bsc Nursing Course.

Date :

.....
Signature of Medical Practitioner

Place :

(with Seal & Reg. No.)

OFFICE USE ONLY

Admission No..... Admitted into Bsc Nursing Course

Admn. Fee Rt. No..... Course for the year.....

Date of Admission.....

Date :

.....
Signature of the Principal