



# INDIRA NURSING COLLEGE

NO.

UNIT OF INDIRA EDUCATION TRUST (R)

Indira Hospital Annexe, Falnir, Mangalore -575 002

Ph : 0824 - 2432444/ 2431222 (Extn: 226, 434) / Fax : 0824 - 4288084/ 4260888

**Affiliated To :** Rajiv Gandhi University of Health Sciences, Bangalore

**Recognised By :** Government of Karnataka, Bangalore

Karnataka State Nursing Council (KNC), Bangalore

Indian Nursing Council (INC), New Delhi, No. 18-15/5317 -INC

## APPLICATION FOR ADMISSION TO 2 YEARS PB. B.Sc. NURSING COURSE

BATCH OF : \_\_\_\_\_

**NOTE :** Please read the following points carefully before filling your application

1. Fill this form in legible block letters only using blue ball pen.
2. Please make sure that you have read the Prospectus and that you are eligible to apply.
3. Write NIL if there is no answer to a question.
4. Incomplete application and those without required enclosures will be rejected.

NAME (in full as found in Certificate of Qualifying exam)		AFFIX PHOTO
SEX		
DATE OF BIRTH		
PLACE OF BIRTH & AGE		
STATE OF DOMICILE		
MOTHER TONGUE		
LANGUAGES KNOWN: 1. SPEAK 2. READ 3. WRITE		
RELIGION & CASTE		
SC / ST / OBC (Please specify)		
NATIONALITY		
MARITAL STATUS		
ADHAAR NUMBER		
PAN CARD		

PHYSICAL ATTRIBUTES	HEIGHT (Cms):	BLOOD GROUP:
	WEIGHT (Kgs):	
IDENTIFICATION MARKS	1. _____	
	2. _____	
HOBBIES	1. _____	
	2. _____	
MEDICAL HISTORY (Give details if any)		

### DETAILS OF THE PARENT/SPOUSE/GUARDIAN

PARENT/SPOUSE	LEGAL/GUARDIAN
FATHER NAME:	NAME:

MOTHER NAME:	OCCUPATION:
SPOUSE NAME	
OCCUPATION:	
PERMANET ADDRESS:	ADDRESS:
PHONE No.: Email ID.:	PHONE No.: Email ID.:

COMMUNICATION ADDRESS	
NAME:	
P.O:	DIST:
STATE:	PIN:
TELE:	FAX/ Email I.D.:

ACADEMIC PARTICULARS						
EXAM PASSED	NAME & ADDRESS OF SCHOOL / COLLEGE	NAME OF BOARD/ PRE-UNIVERSITY	REG. NO.	CLASS IN WHICH PASSED	NO. OF ATTEMPTS FOR PASSING	MONTH & YEAR OF PASSING
SSLC/ SSC						
PUC/ PDC/+ 2						
G.N.M						
Any Other Examination						

DETAILS OF MARKS OBTAINED IN QUALIFYING EXAM [DIPLOMA IN GENERAL NURSING AND MIDWIFERY]			
PARTICULARS	MAXIMUM MARKS	MARKS OBTAINED	PERCENTAGE
TOTAL MARKS OBTAINED IN ALL YEARS			
OPTIONAL SUBJECTS	MAXIMUM MARKS	MARKS OBTAINED	PERCENTAGE
1. 1 <sup>ST</sup> YEAR			
2. 2 <sup>ND</sup> YEAR			
3. 3 <sup>RD</sup> YEAR			
4. 4 <sup>TH</sup> YEAR			
TOTAL (1+2+3+4)			

INSTITUTION NAME LAST WORKED AT WITH ADDRESS :
POSTION HELD :
FROM & TO :

<u>WORK EXPERIENCE:</u>
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**ORIGINAL CERTIFICATES TO BE SUBMITTED AT THE TIME OF ADMISSION ALONG WITH THE  
ATTESTED PHOTOSTAT ENCLOSURES ONE COPY REQUIRED**

1. SSLC / 10<sup>th</sup> Std Pass Certificate.
2. PUC / PDC / 10+2 / Higher Secondary Marks Card / Pass Certificate.
3. General Nursing and Midwifery Marks Card of all the years.
4. Diploma in Nursing Certificate
5. State Nursing Council Registration Certificate.
6. Experience Certificate and Relieving Certificate from previous Institution. (if any)
7. Certificate showing the Date of Birth (completed 21 years).
8. SC / BC Certificate duly certified, if applicable.
9. Transfer Certificate from Previous Institution.
10. Conduct / Character Certificate.
11. \* Migration Certificate from the Board or University issuing the GNM or equivalent Certificate.  
(\* Students who have done their qualifying exam outside Karnataka)
12. Eligibility Certificate from Rajiv Gandhi University of Health Sciences, Bangalore.
13. Application Form fee by Demand Draft Rs. 250/- payable to 'Indira Education Trust (R)', Mangalore.
14. Passport Size Photo - 20
15. Adhaar Copy

**ELIGIBILITY**

A pass in Diploma in General Nursing and Midwifery exam in all the 3 (Three) academic years and 6 (Six) months of Internship from Karnataka State Diploma in Nursing Examination Board, Bangalore or any other Board/ University as deemed fit by the Rajiv Gandhi University of Health Sciences, Karnataka, after completion of the registration with the State Nursing Council.

**DECLARATION BY THE CANDIDATE, PARENT/ GUARDIAN**

I hereby declare that I have filled this form myself and to the best of my knowledge and belief and that the particulars given above are true.

I have read the Prospectus thoroughly and I hereby agree and undertake to abide by all the Conditions, Rules and Regulations in force at present and also those which may hereafter be introduced for the admission to the College and Hostel. I also undertake that as a student of this College I will do nothing unworthy either inside or outside, anything that will interfere with its orderly working and discipline. I am aware that the Management has the full authority to expel me for disinterest in studies, misbehaviour and continuous failures.

I hereby understand & agree that there shall be no refund of any fees paid in part or full on cancellation or withdrawal of admission on any grounds. I also undertake that I shall pay all the fees before the commencement of the Semester / Academic year as per the rules and regulations of the Management without keeping any amount as arrears or dues to the Institution promptly on demand and in case of my discontinuation in the middle of the Course, I am liable to pay the whole Course Fee.

I hereby undertake to submit all my Original Certificates to the custody of the Management on admission and I understand that I will be receiving it back only at the time of relieving from the Institution subject to having paid all the arrears.

I am aware that any dispute arising out of the admission to the course will be subject to the jurisdiction of the Courts in the City of Mangalore only.

Signature of Parent / Guardian (if parents are not alive)

Signature of Applicant

Place :

Place :

Date :

Date :