



INDIRA NURSING COLLEGE

NO.

UNIT OF INDIRA EDUCATION TRUST (R)

Indira Hospital Annexe, Falnir, Mangalore -575 002
Ph : 0824 - 2432444/ 2431222 (Extn: 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 / 2332-INC

APPLICATION FOR ADMISSION TO 4 YEARS 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 & AGE		
PLACE OF BIRTH		
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	LEGAL GUARDIAN
FATHER NAME:	NAME:

**ORIGINAL CERTIFICATES TO BE SUBMITTED AT THE TIME OF ADMISSION ALONG WITH THE
ATTESTED PHOTOSTAT ENCLOSURES ONE COPY REQUIRED**

1. SSLC / 10th Std Pass Certificate.
2. PUC / PDC / 10+2 / Higher Secondary Marks Card / Pass Certificate.
3. Certificate showing the Date of Birth (completed 17 years).
4. SC / BC Certificate duly certified, if applicable.
5. Transfer Certificate from Previous Institution.
6. Conduct / Character Certificate.
7. * Migration Certificate from the Board or Pre-University issuing the 10+2 or equivalent Certificate.
(* Students who have done their qualifying exam outside Karnataka)
8. Eligibility Certificate from Rajiv Gandhi University of Health Sciences, Bangalore.
9. Passport Size Photo - 20
10. Adhaar Copy

ELIGIBILITY

A pass in 10+2 / Hr. Sec. / P.U.C of Karnataka Board or any equivalent exam approved by the Rajiv Gandhi University of Health Sciences, securing 45% aggregate marks in Optional Subjects (P, C, B & E) for General Category and for SC/ST/OBC Karnataka students only 40% aggregate marks in Optional Subjects.

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 :