

VIDYAKIRANA

INSTITUTE OF NURSING SCIENCES

(Recognized by Indian Nursing Council & Karnataka Nursing Council
Affiliated to Rajiv Gandhi University of Health Sciences)

APPLICATION FORM

Academic Year : 201..... to 201....

Application No:

NOTE: Candidates are required to submit individual application for each course

Nursing

M.sc

B.sc

PC B.sc

GNM

1. Name
(As per School Record) :
2. Sex :
3. Date of Birth & Age :
4. Marital Status :
5. Caste & Community :
6. Religion & Nationality :
7. Father's Name :
8. Address of the Parents

PERMANENT ADDRESS	PRESENT ADDRESS
Telephone No. with Code : E-mail :	Telephone No. with Code : E-mail :

9. Academic Record

Levels	Subjects	Marks	Total Marks %&	Medium of instruction & Year of Passing	Name of the institution & Address
	Lanuages				
	English				
	Biology				
	Physics				
	Chemistry				
	Botany				
	Zoology				
	Mathematics				

10. Extra Curricular Activities ,Hobbies
(Sports,Literary,Cultural, Etc.)

--

11. Languages Known :

Languages	Speak	Read	Write

12. Family Details:
(Father, Mother, Brother's & Sister's

Family Members With Relationship	Age	Educational Qualication	Occupation	Residence address

13. Conduct & Character Certification :
(Give Name and Address of Person or School Headmistress/Collage Principal or any person of good standing other than relatives who certifies the Conduct & Character)

Name	Occupation	Address

14. List of documents enclosed (Attested Copies)

- a) Marks Card (10 th, +1 and +2)
- b) Transfer Certificate
- c) 6 passports + 6 stamp size Photos
- d) Aadhar Card

DECLARATION BY STUDENT

1. I Promise to abide by the rules and regulations of the college.
2. I declare that the particulars and documents furnished by me are correct.
3. I agree that I will attend the college in full uniform as prescribed by the college.
4. I agree to the condition that fee paid by me to the Trust / College is not refundable under any circumstances & I shall not claim the fee back
5. In case I discontinue in the middle of the course, I Promise to pay the entire course fee and collect my original marks card
6. I shall be regular to the college, in case I do not have the minimum of 75% attendance as prescribed by the University, I shall not claim the hall ticket and the college authorities have full liberty to withhold the hall / admission ticket.
7. I shall not bring mobile phones inside the college premises. In case It is found, the management has all the rights to confiscate and destroy the mobile phone.

Place :

Date :

Signature of Parent / Guardian

DECLARATION BY PARENT / GUARDIAN

1. I agree to the admission of son/ Daughter / Ward to the course and I shall be responsible for his / her conduct, attendance and good behaviors during the period of his /her college career. In case of misconduct / malpractice if any, the rules of the college shall apply and I shall not question the authorities.
2. I shall inform the college authorities for any change in the address or telephone numbers.
3. I abide to the condition that the fee paid by me to the trust / College is not refundable under any circumstances.
4. I hereby promise that I will visit the college frequently or whenever called by faculty to know progress of my ward.
5. In case my son / daughter ward discontinues in the middle of the course, I promise to pay the entire course fee and collect his / her original documents
6. In case my my son / daughter is found with mobile phone inside the premises the management has all the rights to confiscate and destroy. I shall not plead the management to return it, as it is wrong on the part of my ward to disobey the rules of the Institute and the university.

Place :

Date :

Signature of Parent / Guardian

FOR OFFICE USE ONLY

The application of Mr / Ms.....S/o /D/o.....
is selected by the "Selection Committe" for admissio to..... for the year.....

Place : Bangalore

Date :