



SRI RAGHAVENDRA COLLEGE OF NURSING

Sri Raghavendra Educational Institutions Society (Regd.)
No 57, 'Chimney Hills', Pipe Line Road, Chikkabanavara P.O., Bangalore - 560 090
Tel : 080 - 28392221, 28390615, 23721315, Fax : 080 - 23721477
(Recognised by Govt. of Karnataka, KNC, INC, affiliated to RGUHS, Bangalore)

Application No. :

APPLICATION FORM FOR ADMISSION TO THE B.Sc (N) / GNM / P.Bsc / M.Sc (N) COURSE FOR THE YEAR

AFFIX
PASSPORT SIZE
PHOTO

COURSE APPLYING FOR	
Full Name of the Student (in block letters)	
Age & Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Religion	
Whether belongs to SC/ST (if yes attach relevant copy of certificate)	
Nationality	
Mother Tongue	
Name of Father/Guardian	
Occupation	
Name of Mother	
Occupation	
Present Address	
	Pin
Permanent Address	
	Pin
Contact details	Mob : Resi : E-mail :

Educational Qualifications (attach copy of mark list / certificate)

Sl. No.	Examination	Institution / University	Year of passing	No. of attempts	% of marks marks

DECLARATION BY CANDIDATE

1. If I am admitted to the institute, I agree to abide by all the rules and regulations which are in force and which may be framed from time in respect to the institution and hostel.
2. I hereby promise that during the period of my stay in the institute, I will not do anything which is the against the rules and regulation of the college and hostel, either inside or outside and that 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 form the instituion of misconduct, lack of interest in studies, misbeaviour, indiscipline.
4. I agree to the condition that in case any in case any information furnished in the application is found to be falses 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.

Signature of the Candidate

Date :

Name :

DECLARATION BY PARENT / GUARDIAN

I Declare that I am fully aware of the financial obligations of admitting my ward into the institution; and what I can afford 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 responsibility for all particulars mentioned in application by my son/daughter / ward I hereby agree to pay all the fees and breakage charges, if any, of my ward. 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.

Signature of the Parent / Guardian

Date :

Name :

FOR OFFICE USE ONLY

Name of the Student :

Admission No. :

Admitted to :

Date :

Authorised Signatory