

Affiliated to RGUHS | BU | Approved by Govt. Karnataka Karnataka Nursing Council (KNC) & Indian Nursing Council (INC)

Kothanur, Hennur Bagalur Main Road, Bangalore Ph: +91 8653444411, +91 9035117852/58, +91 7483477832 +91 9886244451 www.studyassist.net | admission@studyassist.net

Ref No:	APPLICATION FORM	Photo Affix Here
Course Applied for :		(without photograph application will not be registered)

STUDENT INFO	RMATION
Name in full:	Father's Name:
Date of birth D M Y Pla	ce of birth :
Gender M F Blood Group	
Aadhar Number :	
ADDRESS FOR COM	MUNICATION
Present Address	Permanent Address
PIN	PIN
Mobile No : Father's Mobile No. :	Mother's Mobile No. :

EDUCATIONAL QUALIFICATION

Title of Course	Name of the Institution School / College	Total	Percentage of Marks	Result in Grade	Remark
SSLC					
Plus Two					

FAM	II V	DET		I C
L A/V	II T	IJF I	ΙAΙ	1.5

	Name	Workplace	Profession	Contact No.	Email ID	
Father						
Mother						
Guardian						
Sponsor						
		IMPORTAN	T NOTE:			
Please understand that the College will not entertain any visitor other than those mentioned and authorized above. In case of any irregularity, the College will ask explanations from parents or guardian who attended the counseling before the admission. References (other than Family members) Please identify 2 teachers who can provide information on your character/background and confirm the authenticity of the information you have provided or produce Conduct certificate from the last institution and Police clearance certificate from the local police station attested by Sub-Inspector ranked officer.						
1. Name			2.	Name		
Address:						
Mobile No.						
Email ID						
	SUPI	PORT DOCUM	ENT ATTACH	ED		
1. Parent Adhar Card Pan Card Driving License Voter ID Card Passport Copy Income Certificate Residence Certificate Passport Photographs						
2. Student Adhar Card Pan Card Caste Certificate Voter ID Card SSLC Certificate Applicant PUC/Plus Two Transfer Certificate Conduct Certificate Migration Certificate Passport Photographs (10 Nos.)						
	DEC	LARATION AN	ID STATEMEN	1T		
I hereby declare that the information given here is true and correct to the best of my knowledge and belief. My Ward Has not been debarred or expelled from any educational institution for any misconduct or punished by any court of law. I understand that, I am obliged to accept admission, if granted, by paying the seat fee for the entire period of the course opted by my ward. I will abide by the terms and conditions stipulated by the College. I myself and my ward will be available for the admission with all original certificates on the date as intimated by the College.						

Signature of the Applicant Date Signature of the Parent/Guardian