

ADMISSION APPLICATION FORM

- ◇ GNM
- ◇ B.Sc. Nursing

Affix your
Passport size
Photograph here

Admission No.

Year: 20 20.....

Name of Student : _____

Date of Birth : ___ / ___ / ___

Age: _____ Sex : M F

Aadhar No. : _____

Nationality : _____ Caste: _____ Blood Group: _____

Father's Name : _____

Mother's Name : _____

Postal Address : _____

Street : _____

City : _____

State : _____

Mobile : _____

Plot.No:649-651,
Venkataramanacolony,Near9th
Phase,KPHB,Hyderabad,
Telangana, - 500085.

Tel: 040-48569439, 9848452019,
Fax: 040-48569439
Helpline: 8639880149, 9908025420.

Documents Required Affix photocopies (Originals to be Produced at the time of selection interview)

- SSC Marks Memo
- Intermediate Marks' Memo/10+2
- Transfer Certificate
- Conduct/Bonafied Certificate 5 to 12th (Issued from institution last Studied)
- Migration Certificate
- Nativity, Income&Caste Certificates
- Recent 8 Passport & 8 Stamp Size Photographs
- Adhar Card Xerox
- Bank Account Xerox (for Scholarship Students)
- 2 Sets of All Certificates Xerox Copys

Qualified Examination Passed: _____ Registration NO: _____

Marks Obtained in the qualifying Examination: (Xerox copy attested)

Sl. No.	Subject	Year Of Pass	Marks Obtained	Percentage

DECLARATION

I / we pledge that all information provided herewith is true to the best of our knowledge. I /we fully agree to abide By all the policies, rules and regulations of the institution and in case of non-confirmation would accept the verdict Of the institution as the final. I/we also understood and accept that in case of discontinuation of the course for any Reasons. I/we shall forgo the entire fee including deposits paid to the institution and not claim any reimbursements For compensations.

Date:

Place:

Signature of Parent / Guardian

Signature of Student

FOR OFFICE USE ONLY

Description	1 st Year	2 nd Year	3 rd Year	4 th Year
.....
.....
.....
.....

Course Branch

Admitted by

Verified/ Entered by

Parent

Principal