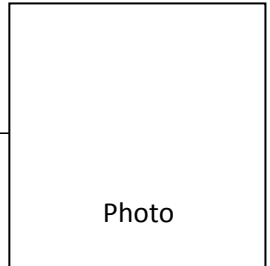




**SRI SHANKARA COLLEGE OF NURSING**  
**BANGALORE**

**Application for Admission to Basic B.Sc. Nursing Course**

Full Name : \_\_\_\_\_  
( In BLOCK LETTERS , as per SSLC Marks card )



Date of Birth: \_\_\_\_\_ Age : \_\_\_\_\_ Sex -----

Permanent Address : \_\_\_\_\_  
\_\_\_\_\_

Candidate landline phone No. \_\_\_\_\_ Mob. No. \_\_\_\_\_

Father landline phone No. \_\_\_\_\_ Mob. No. \_\_\_\_\_

Mother landline phone No. \_\_\_\_\_ Mob. No. \_\_\_\_\_

Present Address : -----

\_\_\_\_\_  
City -----State ----- PinCode-----

Land line with STD code----- mobile -----

Nationality -----

Religion : \_\_\_\_\_ Caste : \_\_\_\_\_

Category -----GEENERAL /SC / ST / OBC / ANY OTHER

Marital Status : ( Single / Married ) \_\_\_\_\_

Father Name : \_\_\_\_\_ Mother Name -----

Guardian (if any ) ----- Relationship with candidate: \_\_\_\_\_

Occupation of the Parents : \_\_\_\_\_

**Educational Qualification:**

Qualifying Examination	Month & Year of passing	Science (10+2 ) Subjects Studied	Total Marks Secured			Attempt
			Max Marks	Marks Obtained	Percentage (%)	
S.S.L.C						
P.U.C (10+2 )		Physics				
		Chemistry				
		Biology				
		English				
		Total				
<b>Other Qualification</b>						

Name of the School / College attended : ( PUC / 10+2) \_\_\_\_\_

Herewith attached the acknowledgement receipt towards payment made to Sri Shankara College of Nursing , Bangalore vide UTR number -----, Name of Bank -----, Branch-----, City----- for amount of Rs.----- dated-----

**Signature of Applicant**

