



SUSHRUTHA MEDICAL TRUST

K.N.N. COLLEGE OF NURSING

(Recognized by INC/KNC/RGUHS/Government of Karnataka)
CA 23/B, K.H.B (Satellite Town) 'A' Sector, Yelahanka, Bangalore – 560 064
Phone: 28564754, 28562514, Fax: 28564730
E-mail: nursing@knneducation.com

APPLICATION FORM FOR PC.B.Sc NURSING COURSE

APPLICATION NO.

Affix Photo

Name _____

Nationality _____ Blood Group _____ Email ID _____

Age _____ Date of Birth ____/____/____ Gender _____

Religion _____ Mother Tongue _____

Languages Known _____

Parent/Guardian's Name _____

Whether candidate belongs to SC/ST/OBC/_____
For Backward Class, Valid Document to be Produced (Karnataka Candidate only)

Annual Income of Parents/Guardian _____

Postal Address _____

_____ Phone _____

Mobile number of Parent/Guardian: Father _____ Mother _____

Academic Qualification _____ Last Institution Studied (with Address) _____

Subject Studied	Year of Passing	No. of Attempts	Indicate Marks Obtained for the following subject	
			Marks Obtained	% (Percentage)
GNM I				
GNM II				
GNM III				
INTERNSHIP				

Physical Fitness (Enclose Medical fitness Certificate)_____

Attested photocopies of the Certificates to be enclosed along with 10 Recent Passport Size Photographs

	Yes/No		Yes/No
1) Plus Two Certificate and Marks Sheet		4) Conduct Certificate from Head of the Institute last attended	
2) Tenth Certificate and Marks Sheet		5) Migration Certificate	
3) Eligibility Certificate		6) Transfer Certificate	

Local Guardian's Address_____

_____Phone_____

Declaration by the Candidate & Parent: We hereby declare that all the information provided in the application form above is true to the best of our knowledge and belief.

Date _____ Signature of the Parent / Guardian _____ Signature of the Candidate _____

Place _____

Fees and Other Considerations are to be paid through DD in favor of KNN College of Nursing, Bangalore

(For office use only)

Admitted: Yes / No

Admission No: _____ (Signature of Administrator) _____ (Signature of the Principal)