

# St. GEORGE COLLEGE & SCHOOL OF NURSING

(Affiliated to Rajiv Gandhi University of Health Science, Recognized by INC, KNC & Government of Karnataka), OMBR Layout, Banaswadi, Bangalore-560043. Tel: 080-25450193/194 Fax: 080-25453522.  
Email: admissions@stgeorgecollege.org.in website [stgeorgecollege.org.in](http://stgeorgecollege.org.in)

## APPLICATION FOR NURSING PROGRAM

**For Office purpose only:** College Admission No:.....

1. Academic Year : 20\_\_ - 20\_\_ Course Applied for:  
B.Sc., Nursing [ ] / P.C. B.Sc., Nursing / Diploma GNM [ ]

2. Name of the Applicant (IN BLOCK LETTERS) as mentioned in 10<sup>th</sup>/SSLC certificate

Telephone number: Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email-Id : \_\_\_\_\_

3. Name of the Father (IN BLOCK LETTERS) as entered in Transfer certificate

Telephone number: Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_ Designation: \_\_\_\_\_

Name of the Organization presently working: \_\_\_\_\_

Annual Salary: \_\_\_\_\_

4. Name of the Mother (IN BLOCK LETTERS) as entered in Transfer certificate

Telephone number: Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_ Designation: \_\_\_\_\_

Name of the Organization presently working: \_\_\_\_\_

Annual Salary: \_\_\_\_\_

5. Date of Birth: DD/MM/YYYY Mother Tongue: \_\_\_\_\_

Sex: Male [ ] / Female [ ]

Religion: \_\_\_\_\_ Specify: SC [ ] ST [ ] OBC [ ] GEN [ ]

**Attach the relevant Certificate as applicable**

6. Nationality: \_\_\_\_\_

If the applicant is not an Indian citizen, furnish the following particulars:

Passport No :	Valid till : MM/YYYY
Visa Category : Student [ ] / Visiting [ ] / others [ ]	Valid till: MM/YYYY

Visa No : \_\_\_\_\_

### 7. ACADEMIC RECORD

Furnish details of certificates/degrees obtained

Examination	Board/ University	Month/Year Passed	Subjects	Grade / Class/ Percentage
SSLC/Equivalent 10 <sup>th</sup> Standard School certificate				
Pre-University Course/ Higher Secondary				
Diploma GNM				
B.Sc., Nursing				
Any other Qualification(Specify)				

8. Medium of Instruction: \_\_\_\_\_

9. Hostel Facility required: Yes [ ] / No [ ]

10. Permanent Address

Address for Correspondence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number:

Telephone number:

Declaration of the Parent/Guardian	Declaration of the Applicant
<p>I, _____ hereby declare that all the information provided in this form by my son/daughter _____ - are complete and correct to the best of my knowledge.</p> <p>I further declare that I as a parent/guardian, stand guarantee on behalf of my ward to the college for all financial commitments till the completion of the course.</p> <p>I assure the college of my full support and cooperation in all matters concerning academics, administration and general behavior of my ward. I shall accept and abide all the rules and regulations of the college and ensure compliance of the same by my ward.</p> <p>I further declare that in the event of discontinuation of studies by my ward, I am liable to pay the entire course fee to the college.</p> <p>Neither I nor my ward shall be eligible for any refund of fees under any circumstances.</p> <p>Date: Place: _____ Signature of the Parent /Guardian</p>	<p>I, _____ hereby declare that all the information provided in this form by me are complete and correct to the best of my knowledge.</p> <p>I undertake to abide by all the rules and regulations of the college, instructions of the authorities and be subject to their disciplinary action if needed.</p> <p>I agree to adhere to the rules and regulations, scheme of studies, examinations, the attendance requirement of the affiliating Institution.</p> <p>I undertake to pay the stipulated fees and other payments for specific activities which form part of the academic requirement.</p> <p>I further declare that in the event of discontinuation of studies by me , I am liable to pay the entire course fee to the college.</p> <p>Date: Place: _____ Signature of the Applicant</p>