



PATEL GROUP OF NURSING INSTITUTIONS

Recognised By Government of Karnataka, Indian Nursing Council, Karnataka State Nursing Council & KSDNEB, Bangalore.

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ADMISSION APPLICATION FORM

Academic Year : 20__ - 20__

APPLICATION NO:

GNM

B.Sc (N)

Latest
Photo
P.P Size

CHOICE SCHOOL / COLLEGE NAME _____

Name of the Applicant (**IN BLOCK LETTERS**) as mentioned in 10th / SSLC Certificate

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Aadhar No: _____

Name of Father (**IN BLOCK LETTERS**) as entered in Transfer Certificate)

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Occupation of Father : _____

Designation : _____

Name of the organisation presently working : _____

Annual Salary : _____

Aadhar No: _____

Name of Mother (**IN BLOCK LETTERS**) as entered in Transfer Certificate)

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Occupation of Mother: _____

Designation: _____

Aadhar No: _____

Name of the organisation presently working: _____

Annual Salary: _____

Student Date of Birth DD / MM / YYYY

Mother Tongue: _____

Nationality	Religion	Category	Caste	Sex
		SC/ST/BT/BC/GM		M [] F []

For NRI's/Foreign Nationals : Passport No. _____

Valid till: DD / MM / YYYY

Permanent Address

Address for Correspondence

_____ _____ _____ E-Mail: _____ Mobile: _____	_____ _____ _____ E-Mail: _____ Mobile: _____
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ACADEMIC DETAILS

	SSLC/10th Std	PUC/+2	Degree
Institution Last Attended
Board/University
Register Number
Year of Passing
Class Obtained
% of Marks

QUALIFICATION

STREAM OF HIGHER SECONDARY (10+2) ARTS/SCIENCE/COMERECE

SL.NO	SUBJECT	MAX. MARKS	MARKS OBTAINED	PERCENTAGE %
1.				
2.				
3.				
4.				
5.				
6.				
	TOTAL			

DECLARATION BY THE PARENT & APPLICANT

I understand that I have been admitted to the said course overlooking the candidate of other applicants who are willing to pay the fee as stipulated by the authorities. Therefore, I hereby unconditionally indemnify the college authorities from all claims and liabilities arising out of cancellation of the seat to allotted me.

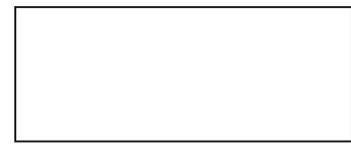
I understand that if after commencement of the course, I discontinue my course before completion, I remain liable to pay the full tuition fee and any expenses or costs incurred by the college for the remaining period of the entire course.

I understand the condition under which I may become entitled to a refund of tuition fee and agree that the college authorities may retain the amount and I hereby undertake not to claim any refund whatsoever of any amount paid by me to the college authorities.

I agree the college/ school reserves the right to retain all my original certificates ,as it may deem I clearance of all my dues and fines, if any.

.....
Signature of the Parent/Guardian

.....
Signature of the Applicant



Student Left Thumb Impression

FOR OFFICE USE ONLY

Course Allotted

Date of Admission

FEE PAID AT COLLEGE

Receipt No: _____

Date: _____

Amount: _____

Marks Card Verified by
Signature
(NAME IN BLOCK LETTERS)

Admission Incharge
Signature
(NAME IN BLOCK LETTERS)

Approved By
Signature
(PRINCIPAL / MANAGEMENT)