M.R. COLLEGE OF NURSING FOR WOMEN

Hennur - Bagalur Main Road, Byrathi Cross, Kothanur Po., Bangalore - 560 077.

APPLICATION FOR ADMISSION TO BASIC B.Sc. IN NURSING

YEAR : 200 - 200

PHOTO

ADMISSION No.: APPLICATION No.:

1.	Name of the Candidate (in Block Letters) :	
2.	a) Date of Birth b) Place of Birth :	
3.	Nationality & Religion :	
4.	State to which the Pupil belongs :	
5.	COMMUNITY:- Whether She belongs to :	
	a) Adi Dravidar (Scheduled Caste or Scheduled Tribes) :	
	b) Backward Class :	
	c) Most Backward Class :	
	d) Converted to Christianity from schedule Caste or :	
	e) Denotified tribes If the pupil belongs to any one of the Five Categories mentioned above Write "YES" against the relevant Column	
6.	Mother Tongue :	
7.	Father's / Guardian's Name :	
	a) Occupation :	
	b) Annual Income :	
8.	Postal Address for Communication : Phone No. STD:	
9.	Permanent Address for Communication : Phone No. STD:	
10.	Local Guardians Address : Phone No. STD:	
11.	Year of Passing HSC / PUC / PDC / Equivalent	

12. a) Marks obtained in II HSC / PUC / PDC Equivalent

	Max	Obtained
Physics :		
Chemistry :		
Biology :		

b) Total Percentage in PCB — Total :

DECLARATION BY THE APPLICANT AND PARENT / GUARDIAN

Dear Sir,

I have gone through the College Prospectus, do here by promise to abide by all rules and regulations now inforce and those to be made from time to time. I know that the fees paid by me is not refundable, transferable or adjustable to other parts or subjects. I request you to admit me as one of the student of M.R. College of Nursing.

Signature of Parent / Guardian

Signature of Applicant

MEDICAL EXAMINATION

Height : ☐ Weight : ☐ Sight : ☐ Teeth : ☐

Lungs : ☐ Vaccinated : ☐ Hearings : ☐ Bloog Group (Produce Proof) ☐

Wheather the Candidate has suffered from any of the following:

☐ a) T.B.

☐ b) Rheumatic Fever

☐ c) Mental / Nervous Disorder

☐ d) Varicose Veins

☐ e) Rheumatism

☐ f) Cardiac Disease

☐ g) Gynaecological Abnormalities

☐ h) Dental

ALLERGIC TO:

REMARKS :

This is to certify that, I have examined Miss ..... and that She does not have any disease constitutional weakness or bodily infirmly in her. I consider her to be fit to undergo the above mentioned course.

Date :

Place : Seal : Signature of Medical Practioner

Reg. No. :

FOR OFFICE USE ONLY

Provisionally admitted to the above Course from the Academic year 200 - 200

Admission No. :

Date of Admission :

Verified Original Certificate
10th Mark Sheet
PUC / PDC / +2 Marck Sheet
Transfer Certificate
Migration Certificate
Conduct Certificate

ADMISSION OFFICER

PRINCIPAL