



Sl.No.: 402

VIJAYANAGAR COLLEGE OF NURSING

No.43, 1st Main, 1st 'A' Cross, Nagarabhavi, Bangalore-560 072.

Phone : 080-6888 6880, 09742 266 721, 09986 039 404

Application No.:

Date :

Application for B.Sc., Nursing / General Nursing

Course and academic year _____

Name _____

(In Capital letters as recorded in your qualifying exam certificate)

Gender M F Date of Birth
(DD) (MM) (YYY)

Nationality _____ Religion _____ Caste _____

State of Residence _____ Martial Status _____

Mother Tongue _____ Annual Income (Indian Rs.) _____

Father's Name _____

Mother's Name _____

Permanent Address _____

Phone (with code) _____ Phone (with code) _____

EDUCATIONAL QUALIFICATION

Examination	Name of the Board / University	Year of Passing	Class Obtained & Attempt of Passing	Medium of Instruction	% of Marks Obtained in all aggregate of all Subjects	% of Marks Obtained in optional objects
SSLC / Equivalent						
PUC / Equivalent						

"In case of equivalent Examination passed, mention the name of the examination. Please enclose original photocopy of all the certificates".

DECLARATION BY THE CANDIDATE

1. I MR./Mshereby affirm that the information furnished by me in this application and the enclosed are true. I know that if the information furnished by me found to be untrue, my seat will be forfeited.
2. I will not indulge in any form of ragging. I know it is criminal offence and if found guilty I will be Summarily dismissed to make good the los s caused to the college/Staff/Student or any other person caused by any illegal act of mine.
3. I am liable for payment of the balance of fees for the entire course, in case discontinue the course of expelled from the college for any reason.
4. I shall abide by all the rules & regulations of the College that may be framed from time to time.
5. In all matters regarding my admission to the course,the decision of the college is final and binding on me.

Place :

Date :

.....

Signature of the Applicant

DECLARATION BY PARENT OR GUARDIAN

1. I MR./Mshereby affirm that the information furnished in my son's / daughter's / ward's application and in the enclosures are true. I know that if the information furnished by my son's / daughter's / ward's found to be untrue, my son's / daughter's / ward's seat will br forfeited.
2. I know ragging is criminal offence and that take steps to or event my son's / daughter's / ward from indulging in it I also know that, I he / she is found guilty of the offence, he / she will be summarily dismissed from the college. I undertake to make good the loss caused to the College / Staff / Student or any other person caused by any illegal act of my son's / daughter's / ward.
3. I am liable for payment of the balance of fees calculated for entire course, in case of my son / daughte / ward discontinue the course of is expelled from the college for any reason.
4. I am also aware that once the candidate is admitted to the course, no refund of fees either in full or Part, Thereof will be made, for any reason.

Place :

Date :

.....

Signature of the Guardian

LIST OF ENCLOSURES TO ACCOMPANY THE APPLICATION FORM (PHOTOSTATCOPIES)

1. S.S.L.C / Equivalent Examination marks card for proof.
2. P.U.C / Equivalent Examination marks card.
3. B.Sc / Equivalent Examination all the three years marks cards (for graduates).
4. Conduct / Character Certificate issued by the College last studied.
5. Date of Birth Certificate if not mentioned in the S.S.L.C / Equivalent examination marks card.
6. Physical fitness certificate issued by Medical Officer not below the tank of Assistant Surgeon.
7. Migration Certificate issued by the University for candidates coming from outside of Rajiv Gandhi.
8. Three passport size photograph of which one to be affixed to the application form in the space provided.
9. Eligibility certificate issued by Rajiv Gandhi University of Health Sciences. Bangalore in case of candidates having other qualification which is not mentioned in the prospectus as equivalent to Karnataka P.U.C. examination.
10. Foreign Nations seeking admission should obtain eligibility Certificate issued by Registrar, R.G.U.H.S

FOR OFFICE USE

Eligible / Not Eligible for Admission

Admission approved / rejected

Signature of Admission Clerk / Superintendent

Signature of Principal