SARASWATI EDUCATION SOCIETY (R)

EAST WEST NURSING INSTITUTIONS

(Recognised by Goverment of Karnataka, Affilated to R.G.U.H.S. Indian Nursing Council)

1912/A,8th Main, `E' Block, II Stage, Rajajinagar, Bengaluru - 560010

Karnataka, INDIA   Tel : 2332 1270, 2332 2909, 87875 30549

ADMISSION APPLICATION FORM

◇ GNM
◇ B.Sc. Nursing
◇ P.B.B.Sc. Nursing
◇ M.Sc. Nursing

Affix your
Passport size
Photograph here

Admission No. ☐☐ ☐☐ ☐☐☐

Year 20 .... 20............

Name of Student   : _____

Date of Birth   : ☐☐ ☐☐ ☐☐☐

Age : _____   Sex : ☐ M   ☐ F

Aadhar No.   : _____

Nationality   : _____   Caste : _____   Blood Group : _____

Father's Name   : _____

Mother's Name   : _____

Postal Address   : _____

Street   _____

City   _____

State   _____

Mobile   : _____

Documents Required Affix photocopies (Originals to be Produced at the time of selection interview)

- ☐ SSLC Marks Sheet
- ☐ II PUC / 10+2 / PDC Marks Sheet / 'A' Level
- ☐ Transfer Certificate
- ☐ Conduct Certificate (issued from institution last studied)
- ☐ Migration Certificate from the concerned university
- ☐ Recent 6 Passport & 6 Stamp size Colour Photographs
- ☐ Nativity, Income & Caste Certificate (SC/ST/Minority)
- ☐ Student Passport Visa (for foreign nationals)
- ☐ Cumulative Record along with syllabus pertaining to qualifying examination (for foreign nationals)
- ☐ Degree Certificate & Marks Sheet (PG Programs)

Qualified Examination Passed : _____ Registration No. : _____

Marks obtained in the qualifying Examination : (Xerox copy attested)

Sl. No.	Subject	Marks Obtained	Percentage

DECLARATION

I / we pledge that all information provided herewith is true to the best of our knowledge. I /we fully agree to abide by all the policies, rules and regulations of the institution and in case of non-confirmation would accept the verdict of the institution as the final. I/we also understood and accept that in case of discontinuation of the course for any reasons. I/we shall forgo the entire fee including deposits paid to the institution and not claim any reimbursements for compensations.

Date :

Place :

Signature of Parent / Guardian   Signature of Student

FOR OFFICE USE ONLY

Description	1st Year	2nd Year	3rd Year	4th Year
....	....	....	....	....
....	....	....	....	....
....	....	....	....	....

Course .... Branch ....

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Admitted by   Verified/Entered by   Parent   Principal