



SRI SHANKARA COLLEGE OF NURSING
BANGALORE

Application for Admission to Basic B.Sc. Nursing Course

Full Name : _____

(In BLOCK LETTERS , as per SSLC Marks card)

Date of Birth: _____ Age : _____ Sex -----

Photo

Permanent Address : _____

Candidate landline phone No. _____ Mob. No. _____

Father landline phone No. _____ Mob. No. _____

Mother landline phone No. _____ Mob. No. _____

Present Address : _____

City _____ State _____ PinCode _____

Land line with STD code _____ Mobile _____

Nationality: _____

Religion : _____ Caste : _____

Category: _____ GEENERAL /SC / ST / OBC / ANY OTHER

Marital Status : (Single / Married) _____

Father Name : _____ Mother Name _____

Guardian (if any): _____ Relationship with candidate: _____

Occupation of the Parents : _____

Educational Qualification:

Qualifying Examination	Name of School / College	Month & Year of passing	Science (10+2) Subjects Studied	Total Marks Secured			Attempt
				Max Marks	Marks Obtained	Percentage (%)	
S.S.L.C							
P.U.C (10+2)			Physics				
			Chemistry				
			Biology				
			English				
			Total				
Other Qualification							

Signature of Applicant