## COLLEGE OF NURSING, ST. MARTHA'S HOSPITAL

NRUPATHUNGA ROAD, BANGALORE GPO, BANGALORE - 560 001.

## APPLICATION FORM FOR B.SC NURSING DEGREE COURSE

**Application Form Number** 

Last date for submission 05-05-2012 РНОТО Read carefully the instructions overleaf before filling in the form Name in full as in PUC / PDC (in block letters)\_ Father's Name Mother's Name Date of Birth: Place of Birth\_ DD MM Religion (with Denomination) Mother Tongue\_ Present address with phone number Permanent address with phone number Ph.No. Mob Whether Member of a Religious Order: No 🗌 Yes 🗌 If yes, Name of the Congregation: Name of the Superior / Guardain :

## **EDUCATIONAL QUALIFICATIONS:**

Examination	Medium of Instruction	Year of Passing	Number of attempts	Maximum Marks secured with percentage		Marks in Optionals PCB / PCBZ with percentage	
				Total	%	Total	%
SSLC/ Xstd.							
ICSC/ CBSE		danie	- 0.1	, - h			
PUC / PDC / XII Std							

(see overleaf)

## PERSONAL HEALTH DATA

	ne candidate has suffered / suff nentioned below)	ers from any of the foll	low	ing (Indicate with "yes" or "no" against the
a)		-	2)	Varicose veins
b)			)	Mental or Nervous disorder
c)	I MIRROLLEN O GENERAL DE CONTROLLEN DE CONTROLLEN DE CONTROLLEN DE CONTROLLEN DE CONTROLLEN DE CONTROLLEN DE C	STATES S	1)	Dental problems
			1)	Polio
d)	Caldiac Diseases		'/	7 010
		DECLARATION		
declare the have obtain	ne above statements to be true a ained my parent's/ guardian's co	nd correct to the best o	f m a s	y personal knowledge. I further declare that eat in your School.
	of Parent / Guardian			Signature of Candidate
Signature	of Parent / Guardian			olgrature of carragate
Place :				Date :
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	IMP	ORTANT INSTRUC	IT;	ONS
	ition form should be neatly filled in t			
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