



St. Lords Educational Trust (R)

SHREE BHAVANI GROUP OF INSTITUTES

Recognised By Govt. of Karnataka, Indian Nursing Council, New Delhi &
Karnataka Nursing Council, Bangalore

Head Office : Near Radhakrishna High School, Gutte Srinagar, Bangalore – 50.
#19/1, 19th Cross, 3rd Main Road, Bhuvaneshwarinagar, Bangalore – 560023.
Website : www.shreebhavaniinstitutes.com

Sl. No.

Date.....

COURSES :- GNM / B.Sc. (N) / PBBSc (N) / M.Sc (N) / Paramedical / Allied Health Science
SCHOOL / COLLEGE

1. Name of the Candidate
(in block letters)

2. a) Name of the Father / Guardian
a) Name of the Mother / Guardian
b) Occupation of Parent /Guardian
c) Annual income of the Parent /Guardian

3. Date of Birth and Age

4. a) Sex Male /Female
b) Marital Status

5. Whether the candidate belongs to
Karnataka / Non-Karnataka (Mention the State)

6. a) Nationality, Religion i) S.C / S.T
b) Whether the candidate belongs to ii) Physically Challenged
(Certificate should be enclosed) iii) General

7. Mother Tongue

8. Highest Examination Passed
i) Reg No
ii) Month & Year
iii) Marks
iv) Percentage

9. Address

Permanent Address

Correspondence Address

DECLARATION

I declare that above statements are true & correct to the best of my knowledge. I further certify that I have obtained permission from my parents to accept a seat in your institute, if it is offered to me. I agree to abide by the rules & regulations of the institution & hostel.

.....
Signature of Parents / Guardian

.....
Signature of Candidate

Place:

Date:

IMPORTANT INSTRUCTIONS

List of Documents to be Attached :

- 1) A copy of S.S.L.C / Matriculation / P.U.C / P.D.C / any other educational certificate
- 2) Aadhar Card /Residential Certificate
- 3) PAN Card and Parents Income Certificate
- 4) Ten copies of recent Passport size photograph

FITNESS CERTIFICATE

(to be certified by a recognized Medical Practitioner)

Height :

Weight:

Sight:

Hearing:

Condition of :

Heart :

Lings:

Teeth:

Whether the candidate has suffered from any other :

Remarks:

I certify that Mr./Mrs.

And that I cannot identify any disease, constitutional weakness or bodily infirmity in him or her. I consider him/her find is fit to undergo training admitted Nursing Course.

Date:

.....
Signature of Medical Practitioner

Place:

(with Seal & Reg No.)

OFFICE USE ONLY

Admission No..... Nursing Course

Admn. Fee..... year.....

Date of Admission

Date :

.....
Authorised Signatory