ROOHI SCHOOL OF NURSING

APPROVED BY THE GOVT. OF KARNATAKA & Karnataka Nursing Council & Indian Nursing Council

<u>APPLICATION FORM GENERAL NURSING & MIDWIFERY</u>

Name of the Candidate (In Block Letters) Father's / Guardian's Name:		
3. Father's / Guardian's Occupation:		
4. Father's / Guardian's Income:		
5. Sex:		РНОТО
6. Postal Address for Communication		
Phone: 7. Permanent Address:		STD.Code
Phone:- 8. a. Date of Birth b. Place of Birth		
9. Year of Passing PUC/ Equivalent:		
10 a. Higher Examination passed b. Medium of Instruction in PUC/PDC Or equivalent Examination		Regd. No Month & Year Maximum Marks Marks Obtained
b. Total Percentage in PCB		
12. a. Religion	b.	Cast
13. a. Nationality:	b.	Domicile status

DECLARATION BY THE APPLOCANT AND PARENT / GUARDIAN

Dear Sir,

I have gone through the College Prospectus, do here by promise to abide by all rules and regulations now inforce and those to be made from time to time. I know that the fee paid by me is not refundable, transferable or adjustable to other parts or subjects. I request you to admit me as one of the student of Roohi School of Nursing.

(MEDICAL EXMINATION)

Height	Weight	Sight:	Teeth:
Lungs	Vaccinated	Hearings	Blood Group
Weather the Candida	te has suffered fr	om any of the following	:
(c). Mental/Nervous [(e). Rheumatism	Disorder 	(d) Varicose \ (f) Cardiac Di	c Fever /eins sease
ALLERGIC TO:			
REMARKS:			
He / She does not ha	ve any disease c	Mr. /Missonstitutional weakness undergo the above me	
Date Place			Seal & Signature of Medical Practitioner
			Reg.No.

FOR OFFICE USE ONLY

Provisionally admitted to the above Course from the Academic year 200 -200

Verified Original Certificates

10th Marks Card

PUC/PDC/+2 Marks Sheet

Transfer Certificate Migration Certificate Certificate Conduct

Admission No.

Date of Admission:

Secretary Principal