ROOHI COLLEGE OF NURSING

Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore APPROVED BY THE GOVT. OF KARNATAKA & Recognised by Karnataka Nursing Council & Indian Nursing Council

APPLICATION FORM FOR P.B. B.Sc. NURSING

(In Block Letters) 2. Father's / Guardian's Name:				
3. Father's / Guardian's Occupation:				
4. Father's / Guardian's Income :				
5. Sex:	РНОТО			
6. a. Date of Birth b. Place of Birth 7. a. Religion				
8. a. Nationality:	b. Domicile status			
9. a. Postal Address for Communication				
Phone: b. Permanent Address:-	STD.Code			
Phone:- c. Local Guardian's Address:-				
10. Year of Passing General Nursing and Midwifery :				
11 Total Percentage in GNM				

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 College Of Nursing.

(MEDICAL EXMINATION)

HeightV	/eight	- Sight:	Teeth:	
Lungs Va	ccinated	HearingsB	Blood Group	
Weather the Candidate has suffered from any of the following:				
(a). T.B(c). Mental/Nervous Diso (e). Rheumatism(g) Gynecological abnorn	der	(d) Varicose Veins (f) Cardiac Diseas	 e	
ALLERGIC TO:				
REMARKS:				
This is to certify that, I ha He / She does not have a her/him. I consider her/ h	ny disease constituti	onal weakness or bo	odily infirmity in	
DatePlace			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

Date of Admission:

Admission No.

Secretary Principal