



ಕೆ.ಎಲ್.ಇ. ಸಂಸ್ಥೆಯ ಶುಶ್ರೂಷಾ ವಿಜ್ಞಾನ ಮಹಾವಿದ್ಯಾಲಯ
ವಿದ್ಯಾನಗರ, ಹುಬ್ಬಳ್ಳಿ-೫೮೦೦೩೧

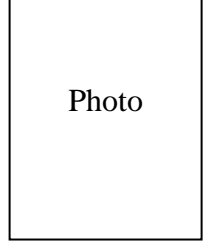


**KLE SOCIETY'S INSTITUTE OF NURSING SCIENCES
VIDYANAGAR, HUBBALLI – 580031**

Off : 0836 -2375506 Mob : 9945076768 (Principal)
Email : klesinshbl@gmail.com Website : www.klesnursing.com

**APPLICATION FORM FOR ADMISSION TO
P.B.Sc NURSING COURSE**

1. Name of Candidate :
2. Permanent Address :
- Phone No :
- Email ID :
- Aaadhar No. :
- Blood Group :
3. Year of Admission :
4. Marks Obtained at
Diploma in Nursing (GNM) a) Total Marks obtained :
- b) Out of :
- c) Aggregate Percentage:



To,
The Principal,
KLES Institute of Nursing Sciences,
Vidyanagar, Hubli.

Sir,

I the undersigned wish to seek admission to P.C. B.Sc Nursing Course affiliated to RGUHS, Bangalore. I am giving below my following particulars and undertaking that if admitted I agree to be bound by the rules & regulations in force as well as those that may be framed in future by the institution. I have attached all the original documents and attested copies of all necessary documents with this admission form. My name has not been registered for any other course in any other University.

Yours faithfully,

(Signature of the candidate)

DETAILS OF THE CANDIDATE

1	Full Name of the candidate as entered in previous Marks Card	
2	Full Name of Parent/ Guardian	
3	Full Postal Address	
4	Date of Birth	

5	Age	
6	Gender	
7	Marital Status	
8	Nationality	
9	Religion/caste	
10	Occupation of father/Guardian & Annual Income	
11	Details of Previous education (Diploma in Nursing (GNM)) <ul style="list-style-type: none"> • Name of College with address. • Date of Joining • Date of Completion • Duration of Course completed 	
12	Name & Address of Previous Board	
13	Name of State Nursing Council & Registration Number & Date of Registration	

14. ACADEMIC INFORMATION:

Course	Max Marks	Marks Obtained	Percentage	No. of Attempts	Month & year of Passing
1 st year GNM					
2 nd year GNM					
3 rd year GNM					
Internship					
TOTAL					

15. CLINICAL EXPERIENCE:

Name of the Organization Employed	Designation	Date of Joining	Date of Relieving	Total years of experience

16. Name and Address of two Referees:

A) B)
.....
.....

I declare that the above information is true & correct & documents produced are genuine one.

Place : **Signature of the Candidate:**

Date : **Name :**

Enclosures:

All original document & 4 set attested copies of following documents

1. Marks cards/ course completion certificate of GNM course
2. TC/LC from previous institution
3. Date of Birth Certificate.
4. Migration certificate, if GNM studied outside the Karnataka.
5. State Nursing Council Registration Certificate
6. Experience certificate
7. Recent passport size photographs (2 Nos.)

DECLARATION BY THE CANDIDATE & PARENT/GUARDIAN

1. I am fully aware that my admission to P.C B.Sc Nursing Course is purely provisional and subject to approval of statutory bodies like INC / RGUHS / KNC / State Government.
2. If admitted I here by agree, to the rules and regulations at present in force or that may be herewith framed for the governance of the institute and its management and hostels and I undertake that so long as I am a student of the institute, I do nothing either inside or outside the institute that will interfere with orderly governance and discipline.
3. I here by agree to make good any loss or damage to books, apparatus, furniture and other belongings to institute and its attached hostels etc which may be caused by my carelessness, negligence or wantonness on my part.
4. I hereby solemnly affirm that statements made and information furnished in my application form as also all the enclosures there to submitted by me are true. Should it however be found that any information furnished there in is un-true in material particulars, I realize that I am liable for criminal prosecution and I also agree to forgo my seat in the institute.
5. I hereby assure that I will not indulge or resort myself in any form of anti-social and prohibitory activities such as ragging or any kind of harassment physical or otherwise. I am fully aware of the provisions of Indian penal code relating to offences connected with hurt, endangerment of life or personal safety, wrongful confinement, assault, criminal intimidation and so on, and if I am found indulging myself in such prohibitory and antisocial activities, I am liable for severe punishment including removal from the institute and handing over to the police.
6. I hereby declare that I hold myself responsible for the timely payment of dues to the institute during period of my studies, till the accounts are cleared.
7. I am fully aware that I have to fulfill 80% of attendance requirement to be eligible for University examinations failing which I myself will be held responsible for the consequences arising out of it.
8. I am aware that fees once paid will not be refunded under any circumstances.
9. I am fully aware that, in-case I want to discontinue before expiry/completion of the course, or wants to seek transfer to any other college, I shall have to pay full fees (non refundable) then prescribed for all the remaining years, i.e., for the entire course.
10. I / we hereby declare that I abide by the above-mentioned rules. I / we also declare that I have carefully gone through the instructions of candidates, hereby mentioned and agree for the same.

Signature of Parent/Guardian
Name:
Date:

Signature of Candidate
Name:
Date:

FOR OFFICE USE ONLY

Mr/Ms:is admitted to the P.C. B.Sc Nursing course for the academic year.....

Principal
KLES institute of Nursing sciences
Hubli

Approved College Fees: Ist Yr:..... IInd yr :

Paid fees : 1) Rs..... Receipt No:..... Dated:.....
2) Rs..... Receipt No:..... Dated:.....
3) Rs..... Receipt No:..... Dated:.....
4) Rs..... Receipt No:..... Dated:.....