



VAGDEVI SCHOOL & COLLEGE OF NURSING

(Approved by Govt, of Karnataka, Recognized by Karnataka State Nursing Council and Indian Nursing Council and Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore.)

Pipe Line Road, Hesaraghatta Road. CHIKKABANAVARA

BANGALORE-560 090. Karnataka, India.

Phone : 080 28390580 Mobile : 9945037089,

www.vagdeviret.com

ADMISSION FORM

(For official use only)

Admission No.

Date

D D M M Y E A R

Please Affix
Your Recent
Passport Size
Color
Photograph

INSTRUCTION: Candidate should fill in the form neatly and legibly in own hand writing in BLOCK LETTERS using blue/black ball pen

Course Applied for : BSc.(N) ☐

P.B.B.Sc(N) ☐

GNM(N) ☐

For the Year

2 0

PERSONAL INFORMATION

1. Name

2. Father's / Guardian's Name

3. Date of Birth

4. Gender

☐

Male

☐

Female

5. Place of Birth a) City

b) State

c) Country

6. a) Nationality

b) Religion

c) Caste

d) Mother Tongue

e) Category (Attach Certificate)

☐

Gen.

☐

SC

☐

ST

☐

OBC

☐

Others

7. Marital Status

☐

Single

☐

Married

☐

Widow

☐

Divorced

8. Present Address

PIN

[illegible][illegible]

	PIN
--	-----

[illegible][illegible][illegible][illegible]

13 Visa Details No..... Issue Date:..... Valid Till.....

[illegible]

Exam Passed	Name & Address of School/College	Name of Board or University	Reg. No.	Subjects	% with Marks Obtained & total	Year & Month of Passing	Medium of Instruction
10th Class							
10+2				PCB			
				All			
GNM							
Any Other Exam							

16. Any working Experience _____
(Attach Certificates)

17 Hobbies_/Awards_____

18. 10+2 MARKS DETAILS

Subjects	Max. Marks	Marks Obtained	Remarks
Physics			
Chemistry			
Biology			
Maths			
Botany			
Zoology			
English			
Any Other			
Total			
Percentage : In PCB			
Percentage in all Subject			

Attested copies of the certificates enclosed { please Tick}			
S.No.	Name of Certificate	Original	Photocoy
1	Birth Certificate / Matric (10th Std)		
2	Marks cards & Certificate	Marks Card Certificate	
3	Marks Card of G N M		
4	Character/conduct certificate by the College/School last studied.		
5	Domicile / Nationality Certificate & Bonafide certificate.		
6	SC / ST Certificate	SC ST	
7	Ten passport size photographs.		
8	Medical fitness certificate.		
9	Migration Certificate.		
10	Transfer certificate		
11	Copy of Aaddhar Card of Applicant		
12	Copy of work Experience certificate		
13	Copy of Passport		
14	Copy of Visa		

Note: All original certificates should be produced at the time of admission

19. Bank details of Candidate : A/C No _____ Bank _____ Branch _____

DECLARATION BY THE CANDIDATE & PARENT/GUARDIAN

I hereby state and affirm that I have filled this form myself, and to the best of my knowledge and belief, the particulars given are true.

I hereby undertake to abide by all the conditions, rules, regulations in force at present and also those which may hereafter be introduced for the administration of the School/College. I will do nothing unworthy of a student of the college either inside, outside or anything that will interfere with its orderly working and discipline. I am aware that the management has the full authority to expel me for misbehavior, continuous failures, found guilty of ragging and for any other valid reasons.

I hereby undertake that I shall pay all the fees and other dues to the institution promptly on demand. I shall pay the College fees for the whole course period if I withdraw from the college anytime after admission and before completion of the course. I have thoroughly read the prospectus and understood the contents of it.

Place:

Date:

Signature of the Parent/ Legal Guardian

Signature of the student

(All the above information will be kept Confidential and strictly for management use.)

TO BE FILLED IN BY THE OFFICE

The Candidate has been interviewed in light of her/his qualification, aptitude and ability. She/He is accordingly
ADMITTED / NOT ADMITTED

Course.....

Academic Year.....

Date:

PRINCIPAL/DIRECTOR

FEE RECEIPT DETAILS

Name of Bank.....Rs.....

CASH Receipt No. /Draft No. /Transaction No.....Dated.....

Date:

Signature of Office In charge/Administrator