



# SUPRAJA COLLEGE OF NURSING

(Recognized by Government of Karnataka, KNC, RGUHS Bangalore, INC New Delhi )

#71, Mariyappanapalya, Gnanabharati Post Kengeri Hobli, Bangalore - 560 056

Ph: 080-23241584, 9880986925. Email : columbiansgblr@gmail.com

www.columbiacollege.co

**APPLICATION NO:** \_\_\_\_\_

Application for admission to **Four year Basic B. Sc. Nursing Degree Course** for the academic year 2021-22. To be filled in by the candidate herself.

**Name and Address of the Candidate:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone No.** \_\_\_\_\_

**Mobile No:** \_\_\_\_\_

Affix here  
your latest  
Photograph duly  
attested

To:

**The Chairman**

Supraja College of Nursing

#71, Mariyappanapalya,

Gnanabharati Post Kengeri Hobli,

Bangalore - 560 056

Karnataka

## DECLARATION BY THE CANDIDATE

I hereby state that I have filled this form myself and all the information given in this application form is true to the best of my knowledge.

I have read and understood its prospectus and I hereby undertake to abide by all the rules and regulations mentioned in the Prospectus of Columbia College of Nursing for the four years Basic B.Sc. Nursing Degree Course for the year 2021-22 .

I also agree to follow the discipline of the college and promise not to indulge in any form of indiscipline that brings down the name of the Institution, College of Nursing and nursing Profession.

Dated: \_\_\_\_\_

Signature of the Candidate

\_\_\_\_\_  
Signature of the Parent/Guardian

Name & Address \_\_\_\_\_

(Relationship) \_\_\_\_\_

## PERSONAL DATA

1. Name of the Applicant in full  
(Block letters) As per S.S.L.C. Record :
2. Full Name of Father :
3. Full Name of Mother :
4. Permanent Address :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Gender :
6. Age & Date of Birth :
7. Religion & Sub Caste :
8. Denomination/Caste  
Catholic/Protestant/ Jacobite/Marthomite :
9. Nationality :
10. State to which you belong :
11. Mother Language :
12. Languages known to speak :
13. Blood Group :
14. Aadhar Number :
15. Health Condition (mention if any history of chronic  
illness or Physical defect is present) :
16. Address to which correspondence has to be sent :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Pin code \_\_\_\_\_
17. Telephone No. : (R) \_\_\_\_\_  
Mobile \_\_\_\_\_
18. E-mail :

# ACADEMIC RECORD

CLASS (I to XII)	Institution/ School	Year	Place of Study	State	Country
I					
II					
III					
IV					
V					
VI					
VII					
VIII					
IX					
X					
XI					
XII					

## XII / PUC Marks

Subject	Max Marks	Marks Obtained	Percentage
Physics			
Chemistry			
Biology			
<b>TOTAL</b>			

## ANY OTHER:

Course	Institution School/Board	Year/ Attempt	Subjects	Marks Obtained	Division Of pass	Place of Study	Country

Details of Extra Curricular Activities if any \_\_\_\_\_

Hobbies \_\_\_\_\_

Do you need Hostel accommodation?: Yes / No Please tick (√) mark

## BRIEF FAMILY HISTORY

	NAME	Age	Living/ Dead	Qualification	Occupation	Income	Health Status
Father/Husband/ Guardian:							
Mother/Wife:							
Brothers/Sisters:							

P.N.: 1. Indicate the names of parents and siblings in the columns above.

2. Strike off what is not applicable.

### ATTESTED COPIES OF CERTIFICATES AND OTHER ENCLOSURES REQUIRED: (Do not enclose originals)

a. Marks Card : SSLC Marks Card

XII Std. / II P.U.C

Higher qualification if any

b. Transfer Certificate

c. Migration Certificate (Non Karnataka students)

d. Medical fitness Certificate from a registered Medical Practitioner.

e Submit a Identification proof (Voter ID/ Pan Card/ Passport/Driving License/ **Aadhar Card**)

**N.B:** 1. Application accompanied by the above mentioned certificates only will be considered.

2. All the certificates should bear the same name, as per S.S.L.C. Certificate.

3. **INDICATE IF N.R.I.(Non Resident Indians) SEAT IS DESIRED. YES / NO.**

**N.R.I seat can be obtained on payment of NRI fees even if the candidate or family is not N.R.I.**