# SUPRAJA COLLEGE OF NURSING

(Managed by Supraja Eductional and Charitable Trust)

(Recognized by Government of Karanataka KSNC, Bengaluru, INC New Delhi
Affiliated to Rajiv Gandhi University of Health Sciences)

No. 25, 26 & 27, 80 Feet Road, Kempanna Layout, Mariyappanapalya,
Bengaluru-560 056, Karnataka, India

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E-mail: suprajanursing2019@gmail.com www.columbiacollege.co


Application for admission to Four Years Bachelor of Nursing B.Sc (N) for the academic year 20 - 20 .

**Application No. :**

## PERSONAL DATA

To be filled by the candidate.

1. Name of the Applicant in full (Block letters) as per SSLC Record

2. Full Name of Father/Mobile No

3. Full Name of Mother /Mobile No

Affix here your latest Photograph duly attested

4. Permanent Address

5. Telephone No.

6. E-mail

7. Gender

8. Age & Date of Birth

9. Religion & Sub-Caste

10. Nationality

11. State to which you belong

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

# SUPRAJA COLLEGE OF NURSING

## Academic History

| CLASS (XII) | Max Marks | Marks Obtained | Instution / School | Year | Place of Study | State | Country |
|---|---|---|---|---|---|---|---|
| XII | | | | | | | |

## XII / PUC MARKS

| Subject | Max Marks | Marks Obtained | Percentage |
|---|---|---|---|
| Physics | | | |
| Chemistry | | | |
| Biology | | | |
| **TOTAL** | | | |

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

a. Marks Card: SSLC Marks Card

12 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.

Signature of the Candidate

Dated :

Signature of the Parent / Guardian

Name & Address .....

(Relationship) .....

.....

.....

### FEES

| | | |
|---|---|---|
| I st Semester | | |
| II nd Semester | | |
| III rd Semester | | |
| IV th Semester | | |
| V th Semester | | |
| VI th Semester | | |
| VII th Semester | | |
| VIII th Semester | | |