



Holy Mother Institute of Nursing

Kariyammana Agrahara, Near Outer Ring Road, Opp. Intel,
Bellandur Post, Bangalore - 37. www.patelgroupofinstitutions.edu.in

Application No.

Application Form

Admission No.

For Office Use :

Affix here
latest photo

GENERAL NURSING

(Please fill in the application form in block letters only)

PERSONAL INFORMATION

Name of the Applicant (as per school records)					
Gender: M <input type="checkbox"/>	F <input type="checkbox"/>	Nationality:	Religion:	Caste:	
Date of Birth: DD/MM/YYYY		<input type="text"/>	<input type="text"/>	<input type="text"/>	Place of Birth:

Please tick the relevant group (enclose the latest caste certificates) General SC ST

Name of Father	:	
Occupation	:	
Name of Mother	:	
Occupation	:	
Total annual income (in Rupees)	:	

Permanent Address: _____

PIN.: Ph: _____ Mobile: _____

E-mail: _____

Local Address:
(Address for Communication) _____

PIN.: Ph: _____ Mobile: _____

E-mail: _____

GENERAL NURSING

S.S.L.C X Std.	Tot. Min Marks	Tot. Max Marks	Tot. Marks Obt.	Result	%tage	Board	Yr. of Pass	State

Name & Address of Institution : _____

PUC (10+2)	Tot. Min Marks	Tot. Max Marks	Tot. Marks Obt.	Result	%tage	Board	Yr. of Pass	State

Name & Address of Institution : _____

Documents to be submitted (original +3 sets of Xerox) (Please tick mark for documents submitted)

Marks card of qualifying exam <input type="checkbox"/>	Date of Birth proof certificate (SSLC/Xth Std. Marks Card) <input type="checkbox"/>
Transfer certificate <input type="checkbox"/>	Physical fitness certificate <input type="checkbox"/>
Migration certificate <input type="checkbox"/>	P.P. Size Photo-4 <input type="checkbox"/>

Proficiency in games/sports : _____

Do you seek admission to the hostel : _____

DECLARATION BY THE CANDIDATE

I promise to abide by the rules & regulations of the HOLY MOTHER INSTITUTE OF NURSING

Place: _____ Date: _____ Signature of the candidate _____

DECLARATION BY THE PARENTS

I shall be responsible for the payment of all fees and shall not ask for refund of fees paid in case of discontinuation of the course/ cancellation of admission of my ward. I shall also stand responsible for the conduct and good behaviour of my ward and see to it that he/she attends class tests and viva regularly during the period of his/her college career.

I understand that a student may be asked to leave the college at any time for misbehavior and irregular attendance.

Place: _____ Date: _____ Signature of the parent _____

FOR OFFICE USE

Verified and found correct. The candidate may/may not be admitted to _____ course

Admission committee

Admitted to : _____ On dated : _____

Fees collected Rs. : _____

Receipt No. : _____ Date : _____

Principal