



NSS

College of Nursing

Nurturing Dreams for Success

Affiliated to Rajiv Gandhi of Health Sciences & Recognized by Indian Nursing Council

Sapthagiri Nagar, Dasanpura Hobli, Alur Post, Bangalore - 562 162 | Ph: 080 - 23714864, 23714800

Email: nsscon@gmail.com | Web: www.nsscon.ac.in

APPLICATION FORM

PHOTO

USE ONLY BLOCK LETTERS

Personal Information

☐ Mr. ☐ Mrs. ☐ Ms.

Name of Applicant:

Gender ☐ M ☐ F Date of Birth Marital Status

Caste ☐ SC ☐ ST ☐ OBC ☐ General

Religion Nationality Place of Birth

Father's Name Mother's Name

Father's Occupation Mother's Occupation

Contact Number Contact Number

Medical Disability (If any) Blood Group

Address

Name & Address

City State Pin

Phone Mobile

Primary e-mail Id Alternate e-mail Id

Select Program

☐ M.Sc ☐ B.Sc ☐ PB B.Sc ☐ GNM

Specializations [PG]

☐ PSYCHIATRY ☐ OBG ☐ PAEDIATRICS ☐ COMMUNITY

Academic Record

Examination Passed	Marks (%)	Month & Year	Stream	Institution	Board/University
X					
XII					
Graduation					
Post Graduation					
Others					

Note : If appearing for the final year / Final Semester graduation examination, then please mention the month and year of the examination.

Month: Year:

Work Experience

Organization	Designation	From(mm/yyyy)	To (mm/yyyy)

Do you have a passport:

Y	N
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 If yes please give the following details:

Passport No: Year of expiry: Issued at:

Declaration

I/We pledge that all information provided herewith is true to the best of our knowledge i/We fully agree to abide by all the policies, rules and regulations of the institution framed from time to time and in case non-compliance would accept the verdict of the institution as the final. I/We also understand and accept that incase of discontinuation of the course for any reason/s. I/We shall forego the entire fee including deposits paid to the institution and not claim any reimbursement or compensation.

Date : Signature of the Applicant
Place :