



ಕೆ.ಎಲ್.ಇ. ಸಂಸ್ಥೆಯ ಶುಶ್ರೂಷಾ ವಿಜ್ಞಾನ ಮಹಾವಿದ್ಯಾಲಯ
ವಿದ್ಯಾನಗರ, ಹುಬ್ಬಳ್ಳಿ-೫೮೦೦೩೧



KLE SOCIETY'S INSTITUTE OF NURSING SCIENCES
VIDYANAGAR, HUBBALLI - 580031

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**APPLICATION FORM FOR ADMISSION TO
GENERAL NURSING & MIDWIFERY**

| | | | |
|--|----------------|--------------------------------------|--|
| Year of Admission | | Paste passport size photograph | |
| State belongs to (State in which you passed PUC 2 nd year or 10+2 or its equivalent) | | | |
| Grand Total Marks obtained at 10+2 or its equivalent exam (Science/Arts/Commerce): _____ | Maximum Marks | | |
| | Marks Obtained | | |
| | Percentage | | |
| Do you have English as one of the optional subject in 10+2 or its equivalent Exam | Yes/No: | If yes marks obtained: | |

To,
The Principal,
KLES Institute of Nursing Sciences,
Vidyanagar, Hubballi.

Sir,

I the undersigned wish to seek admission to 1st Year GNM Course in your institution. I am giving below the following particulars and undertake that if admitted I agree to be bound by the rules & regulations in force as well as those that may be framed in future by the institution. I have attached all the original documents and attested copies of all necessary documents with this admission form.

| | | |
|----|---|---------------------------------|
| 1 | Name of candidate (In Block letters as per SSLC Marks card) | |
| 2 | Name of Father | Occupation : |
| 3 | Name of Mother | Occupation : |
| 4 | Parents Permanent Address Pin Code : Mob No. : Email ID : | |
| 5 | Local Guardian Address (if Any) Pin Code : Mob No. : | |
| 6 | Contact details of Candidate | Mob No.: Email ID: |
| 7 | Details of Birth | Gender : Date (DD/MM/YYYY) : |
| | | Place: Age as on today: |
| 8 | Nationality | |
| 9 | Details of Religion | Religion : Caste : |
| | | Sub Caste : Category: |
| 10 | Aadhaar Number | 11 Blood Group : |

| | | |
|----|--------------------------------|------------------------------|
| 12 | Marital Status | Married / Unmarried / Others |
| 13 | Annual Income of Family | |

ACADEMIC INFORMATION

| Examination Passed | Name of the School / College | Name of University / Board | Month & Year of Passing | Maximum Marks | Marks Obtained | Percentage |
|------------------------|------------------------------|----------------------------|-------------------------|---------------|----------------|------------|
| SSLC / SSC Xth Std. | | | | | | |
| II PUC / XII Std | | | | | | |

Subjects Studied at IInd PUC/XII Std. or its Equivalent

1) _____ 2) _____ 3) _____
4) _____ 5) _____ 6) _____

Documents to be enclosed:

| The following documents to be attached with the application form : | | | Checklist for official use only |
|--|---|-----------------------------|---------------------------------|
| 1 | S.S.L.C / X th Standard Marks Cards | (Original +1 attested copy) | |
| 2 | II nd PUC / XII Standard Marks Cards | (Original +1 attested copy) | |
| 3 | Transfer / L.C. Certificate from previous Institution | (Original +1 attested copy) | |
| 4 | Character Certificates from the previous institution | (Original +1 attested copy) | |
| 5 | Migration Certificate (Non Karnataka candidate only) | (Original +1 attested copy) | |
| 6 | Caste Certificate | (1 attested copy) | |
| 7 | Aadhar Card | (1 attested copy) | |
| 8 | Recent Pass port size colour Photos | 5 Nos | |

Note:

- The admission is subject to the approval from Karnataka State Nursing Council, Bengaluru and KSDNEB, Bengaluru.
- I have gone through the eligibility criteria for GNM course prescribed by Indian Nursing Council. New Delhi

I declare that the above information is true and correct and documents produced are genuine one.

Place:

Signature of the Candidate

Date:

Name:.....

FOR OFFICE USE ONLY

Mr./Miss.....is admitted to 1st year GNM course for the year

Fee Receipt No.:Dated:for Rs.....

Course Clerk

Documents verified By

Accountant

Office Superintendent

Principal
KLES Institute of Nursing Sciences, Hubballi

DECLARATION BY THE CANDIDATE & PARENT / GUARDIAN

1. I am fully aware that my admission to GNM course is purely provisional and subject to approval by KSNC & KSDNEB.
2. If admitted, I hereby agree, to the rules and regulations at present in force or that may be hereafter framed for the governance of the institution, its Management, and Hostel. I undertake that as long as I am a student of this institute, I do nothing either inside or outside the Institution, that will interfere with the orderly governance and discipline.
3. I hereby agree to make good any loss or damage to books, apparatus, furniture, and other belongings to institution and its attached Hostel etc., which may be caused by my carelessness, negligence or wontonness on my part.
4. I hereby solemnly affirm that statements made and information furnished in my application form and also all the enclosures submitted by me are TRUE. However, if any of the information is found to be UN-TRUE in material particulars, I realize that I am liable for criminal prosecution and I also agree to forgo my seat in the Institution.
5. I hereby assure that I will not indulge or resort myself in any form of anti-social and prohibitive activities such as **Ragging** or any kind of harassment of physical or otherwise. I am fully aware of the provisions of Indian Penal Code relating to offences connected with hurt, endangerment of life or personal safety, wrongful confinement, assault, criminal intimidation and so on, and if I am found indulging myself in such prohibitive and antisocial activities. I am liable for severe punishment including removal from the institution and handing over to the police.
6. I hereby declare that I hold myself responsible for the timely payment of dues to the Institution during period of my studies, till the accounts are cleared.
7. I am fully aware that I have to fulfill 80% of attendance in theory and practical to be eligible for University/Board examinations failing which I myself will be held responsible for the consequences arising out of it.
8. I am aware that fees once paid will not be refunded under any circumstances.
9. I am fully aware that, in-case I want to discontinue before expiry / completion of the course, or want to seek transfer to any other college, I shall have to pay full fees (non refundable) then prescribed for all the remaining years i.e., for the entire course.
10. I/We hereby declare that I abide by the above mentioned rules. I/We also declare that I have carefully gone through the instructions for candidates, herein mentioned and agree for the same.

Signature of the Parent / Guardian

Name :

Date :

Signature of the Candidate

Name :

Date :